CITY OF ABERDEEN.

REPORT

BY THE

MEDICAL OFFICER OF HEALTH

FOR THE YEAR

1948

ABERDEEN:
PRINTED BY G. CORNWALL & SONS.

MCML.

With the Compliments of the Medical Officer of Health.

City Health and Welfare Department,

Aberdeen.

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SUMMARY OF STATISTICS.

The following is a summary of the principal statistics for the years 1943-1948:—

	1943	1944	1945	1946	1947	1948
*Population estimated to middle of year	159,162	159,263	163,108	176,939	187,751	188,853
Marriage rate per 1,000 population . .	9·5	9·1	12·5	11·9	11·1	11·1
Birth-rate per 1,000 population . . .	16·0	16·5	15·5	20·4	22·0	19·1
Illegitimate birth-rate per 100 births .	8·9	9·2	10·0	7·0	5·9	5·9
Infantile mortality rate	68	57	54	42	64	34
Death-rate per 1,000 population . . .	14·1	12·9	12·8	12·0	11·9	11·1
Malignant diseases death-rate . . .	1·89	1·67	1·77	1·75	1·77	1·69
All tuberculosis death-rate per 1,000 population	0·63	0·69	0·52	0·47	0·41	0·37
Respiratory tuberculosis death-rate per 1,000 population	0·46	0·48	0·43	0·40	0·35	0·33
Infectious and parasitic diseases death-rate (excluding tuberculosis) . .	0·60	0·24	0·31	0·23	0·18	0·11
Average age at death (years) . . .	57·5	58·4	59·6	60·3	57·3	61·7

* Civilian population to 1946.

PREFACE.

The year 1948 saw the introduction of epoch-making changes in the administrative framework of Health Services as conducted by Local Authorities and by the Central Government. These changes were brought about by the coming into operation on 5th July, 1948, of three Acts, viz.:—

1. The National Health Service (Scotland) Act, 1947.
2. The National Assistance Act, 1948.
3. The Children Act, 1948.

THE NEW HEALTH ACT.

It would not be inopportune to take stock of the health provisions controlled by the Corporation of Aberdeen prior and subsequent to 5th July, 1948. The chief change was that all the hospitals belonging to the Corporation and administered so successfully by them for so many years were on that date vested in the Secretary of State for Scotland.

The **City Hospital** is a large hospital consisting of nine blocks, and, with wide bed-spacing, accommodates 250 patients. It is of historical interest to relate that the building of the City Hospital was commenced in 1874 and the first patients were admitted in 1877. From time to time, between 1877 and 1913, extensions to the hospital were carried out. In 1931, there was opened a new Staff Home which provides up-to-date accommodation for 100 nurses. The kitchen was re-built. In the end of 1940, a cubicle isolation block, with 30 beds, was opened; in this block there is a modern operating theatre. The hospital has an administrative wing in which the resident domestic staff is accommodated. Within the grounds of the hospital there is the Tuberculosis Unit, the Venereal Diseases Unit, and premises for the treatment of scabies; an extensive laboratory; and a Radiological Department.

The types of cases treated in the City Hospital were cases suffering from infectious diseases from the City and special cases of infection from a wide surrounding area, cases suffering from tuberculosis, from venereal diseases, and skin infections, and young children suffering from malnutrition.

The official transference of **Woodend Hospital** from the Parish Council to the Corporation of Aberdeen took place in 1927. The then Secretary of State for Scotland—Sir John Gilmour—officiated at the ceremony and said that it had been truly stated that the example of co-ordination which was being celebrated that day was the first to take place in Scotland. Woodend Hospital was used by the Corporation of Aberdeen as a general hospital. At no time during its 21 years' existence under the Corporation did it function as an independent hospital. Throughout the years, a sincere endeavour was made to have a close liaison with the Aberdeen Royal Infirmary, and this was effected by admitting surgical and

medical cases from the waiting list of the latter hospital. It was but natural that the Corporation surrendered this hospital with more than a degree of regret.

The Hutted Annexe, built by the Government during the war for the reception of 200 military sick and wounded and managed by the Corporation, was also handed over after the Corporation had arranged for its cubicilisation for cases suffering from pulmonary tuberculosis.

Another hospital transferred to the Secretary of State for Scotland was **Summerfield Hospital,** originally an infectious diseases hospital for the Aberdeen District of the County of Aberdeen. In 1934, the City boundaries were extended, and Summerfield Hospital then came into the possession of the Corporation of Aberdeen. The Corporation improved the hospital in many respects, and in 1937 it was opened for the reception of 28 chronic sick patients. During the recent war it fulfilled a very useful function. Early in 1946, the 28 available beds were allocated partly to chronic sick patients and partly to maternity cases. In June, 1946, however, Summerfield Hospital ceased to admit chronic sick cases, who were re-housed in the Hutted Annexe of Woodend Hospital. After extensive adaptations had been carried out, Summerfield Hospital was finally opened as a maternity unit with 16 maternity beds and 3 labour wards. The extent to which this unit was used is shown by the fact that, in 1948, 312 births occurred in the hospital.

Other units which were lost to the Corporation were **Fonthill Maternity Home,** acquired by the Corporation in 1945 and opened in 1946, and **Queen's Cross Maternity Home,** also purchased by the Corporation in 1945 and opened in the same year. The **Ante-Natal Hospital,** adjacent to the Maternity Hospital and built at the expense of the Corporation of Aberdeen and the County Councils of Aberdeen and Kincardine, was also surrendered.

Another large hospital which ceased to be controlled by the Corporation was **Kingseat Mental Hospital, Newmachar.** This hospital had been transferred to the Corporation of Aberdeen under the provisions of the Local Government (Scotland) Act, 1929. Kingseat Mental Hospital, an institution built on the villa system, accommodates over 700 patients. The hospital was requisitioned by the Admiralty in September, 1939, and throughout the war did very good work as a Naval Auxiliary Hospital. When the hospital was derequisitioned, it remained practically empty for a long time, the chief reason being the impossibility of recruiting staff. After the war, the majority of the staff failed to return to the service of the Corporation, and it was only in the end of 1946 that it was possible to open the hospital even in a modified way.

Woodlands, Cults, purchased by the Corporation in October, 1947, was transferred to the jurisdiction of the Regional Hospital Board and now accommodates 50 mentally handicapped ineducable children.

In 1939 and 1946, reports were submitted by the Medical Officer of Health regarding the incidence of mental deficiency in the North-East of Scotland and the institutional accommodation necessary to deal with this most difficult problem. The reports showed that there was a great dearth of certified institutions throughout Scotland, and that, both for humanitarian and medical reasons, it was necessary

that adequate provision should be made for mental defectives, both juvenile and adult. The need for such accommodation is even more clamant than that for medical and surgical cases. Woodlands Home should be enlarged without delay and additional provision should also be made for those who are mentally handicapped but educable and for adult mental defectives.

All these hospitals were handed over to the North-Eastern Regional Hospital Board in good working order, well equipped, and, with the exception of Kingseat Mental Hospital, well staffed.

Other significant changes were the transfer of the Tuberculosis, Venereal Diseases, and Bacteriological Services to the North-Eastern Regional Hospital Board with their respective Medical Officers.

Another change which, at first glance, might appear to be a retrograde step has reference to the Maternity Services Scheme which, prior to the coming into operation of the Act, worked as a completely co-ordinated service, whereas the mother-to-be is now dealt with partly by the Local Authority, partly by the Regional Hospital Board, and partly by the Executive Council. It will require a great degree of harmonious co-operation to make this part of the service run as smoothly as it did prior to 5th July, 1948.

From a survey of the foregoing, it would seem that the Local Authority has suffered severe mutilation so far as its health services are concerned, but it would be better to regard the National Health Service (Scotland) Act, 1947, as the shears which have pruned the Local Authority tree which, in time, will branch out in new directions and blossom anew. As a matter of fact, the Local Authorities are now coming into their proper sphere which is the prevention of disease. They will require to co-operate in the closest terms with the Regional Hospital Boards and with the Executive Councils, and their main functions in the future will lie in the education of the public in the maintenance of health and the prevention of illness.

PROPOSALS FOR THE DISCHARGE OF FUNCTIONS.

The Corporation of Aberdeen had to submit to the Secretary of State for Scotland various proposals in connection with their discharge of special functions still remaining with them, and it is proposed briefly to deal with each of these items.

1. *Care of Mothers and Young Children.*

In their proposals in this connection, the Corporation of Aberdeen continue to control clinic services for mothers and young children and day and residential nurseries. Unlike most other areas, the Ante-Natal and Post-Natal Clinics have been retained by the Corporation of Aberdeen, the Corporation's Medical Officers working side by side with the specialists provided by the North-Eastern Regional Hospital Board.

The Child Welfare Clinic Services have been extended and four centres have been opened daily, with a health visitor in attendance. An appointment system has been introduced for medical consultation. This appointment system is much appreciated by the mothers, as not only does it cut down long waiting time, but it also gives a psychological fillip to the mother who knows that this particular

time has been set aside for her special benefit. Separate sessions are held for vaccination against smallpox and immunisation against diphtheria and whooping cough. There are also daily clinics for guidance in breast feeding.

A feature of these centres is the weekly session which is devoted to health education. There are courses of instruction for the expectant mother, the mother of the young baby, and the mother of the growing child. A comprehensive field is covered in these health talks in which all members of the Child Welfare staff take part.

It is also worthy of note that the Medical Officer for Maternity and Child Welfare and her medical staff hold honorary appointments in the Royal Aberdeen Hospital for Sick Children.

2. *Midwifery.*

On 5th July, 1948, the services of 15 whole-time midwives were available to the Corporation, and, of these, 12 were employed by the Corporation and 3 by the Regional Hospital Board. The Corporation decided that they would not employ part-time midwives for domiciliary midwifery work.

At the time of the submission of the proposals to the Secretary of State for Scotland, none of the existing midwives had been trained in the induction of analgesia, but, by arrangement with the Regional Hospital Board, training was provided at the Maternity Hospital, Foresterhill, and, before the end of the year, all the midwives had completed their training. The analgesic apparatus is kept at the Maternity Hospital, where servicing can best be carried out, and, by contractual arrangements, the apparatus is transferred by taxis on request by the midwives.

The Corporation aim at providing suitable and permanent accommodation for all the midwives whom they employ. It should, however, be borne in mind that the number of institutional confinements is rapidly increasing, and, consequently, if this trend persists, the number of domiciliary midwives required will diminish.

3. *Health Visiting.*

Since the introduction of the Act, the number of health visitors has been considerably increased, and, in order to assist in the recruitment, a Health Visitor Course was inaugurated in March, 1948, with 20 students, approximately one-third of whom were "assisted" pupils, that is, during the course of training they received an allowance from the Corporation on the understanding that, for a definite period after receiving the certificate, they would remain in the service of the Corporation. The lecturers taking part in this course were all the senior members of the Corporation's medical staff, together with specialist lecturers from the University of Aberdeen, the Training Centre, the School of Domestic Science, and certain hospitals. It is pleasing to record that all the candidates successfully passed the examination.

At the end of the year, the Corporation had in its employment a Superintending Nursing Officer, an Assistant Superintending Nursing Officer, and 27 health visitors.

For an efficient health visiting service in the City, it is estimated that at least 45 health visitors will be required.

4. *Home Nursing.*

Under the provisions of the National Health Service Act, it is incumbent on every Local Health Authority to make provision in their area for securing the attendance of nurses on persons who require nursing in their own homes, either by making arrangements with voluntary organisations employing nurses or by themselves employing nurses.

The Corporation entered into an agreement with the Aberdeen District Nursing Association—which is in affiliation with the Queen's Institute of District Nursing (Scottish Branch)—to undertake this domiciliary nursing service. The Medical Officer of Health has administrative control of the service and the Executive Officer is the Medical Officer for Maternity and Child Welfare, who co-operates with the Superintendent of the Aberdeen District Nursing Association so that co-ordination of the home nursing, health visiting, and domestic help services may be effected.

When these arrangements were made, the District Nursing Association had 1 Superintendent, 1 Assistant Superintendent, and 14 whole-time nurses. Except in cases of grave emergency, the Association do not undertake night nursing services, but the Corporation hold the view that a night nursing service is essential.

Whilst this scheme is in operation, the Corporation will not, themselves, employ either whole-time or part-time nurses for purposes of home nursing.

5. *Vaccination and Immunisation.*

The Act abolished compulsory vaccination against smallpox. No doubt, the Government came to this decision partly owing to the extent to which advantage had been taken of the "Conscientious Objection" clause of the Vaccination (Scotland) Act, 1907, and partly to the large percentage of consents given to immunisation against diphtheria. The reaction to vaccination against smallpox is, however, much more severe than that to immunisation against diphtheria, and time alone will show whether the abolition of compulsory vaccination against smallpox was a wise step.

Vaccination against smallpox is now undertaken by general practitioners and by the Corporation's Medical Officers at Child Welfare Clinics. Those general practitioners who take part in the Corporation's arrangements furnish particulars on a form approved by the Secretary of State, and, in return, the Corporation will pay them such fees as the Secretary of State may, from time to time, approve.

In order to have as many children as possible vaccinated in infancy, propaganda must be spread by the Registrars of Births, Deaths, and Marriages, the health visitors, and by means of lectures and local health exhibitions.

The campaign against diphtheria has been in operation in the City for over 20 years, and the percentage of consents, especially as regards school children, has been most encouraging. Over 92 per cent. of school children have been immunised. The figures for pre-school children are not so promising. At the end of 1948, only 55·5 per cent. of pre-school children were known to the Health Department to

have been immunised. It must be remembered that it was only after 5th July that records of immunisation of pre-school children by general practitioners were available to the Corporation. Here, again, general practitioners taking part in the Corporation's scheme will be paid by the Corporation for records of immunisation according to a scale approved by the Secretary of State for Scotland. Propaganda is carried out on the same lines as is employed in the case of vaccination against smallpox.

As regards smallpox vaccination and diphtheria immunisation, the prophylactic materials are supplied free of charge to the general practitioners by the Corporation who in turn receive the materials free from the Department of Health for Scotland.

Immunisation against whooping cough is meantime in the experimental stage, and the Corporation have not invited general practitioners to participate in this scheme, immunisation against whooping cough being offered meantime only to those children who attend the Corporation's clinics for immunisation against diphtheria.

6. *Prevention of Illness, Care, and After-care.*

An important duty imposed on Local Authorities is the making of arrangements for the purpose of the prevention of illness, the care of persons suffering from illness or mental deficiency and the after-care of such persons. The illnesses referred to are mainly tuberculosis, mental illness and mental deficiency, venereal diseases, and malignant disease.

So far as tuberculosis is concerned, the Corporation's arrangements comprise measures to control the spread of infection by the discovery of "contacts," by co-operating with the Regional Hospital Board and the general practitioners in deciding the institutional needs of patients, by assisting households with tuberculous members to obtain adequate housing accommodation, and by advising and assisting as regards safeguards to be observed in cases where persons suffering from tuberculosis are living at home. The after-care of the tuberculous, also a function of the Corporation, includes the supply of beds, bedding, and nursing requisites to suitable cases undergoing domiciliary treatment and co-operation with the Ministry of Labour in the re-settlement of tuberculous persons in employment or their entry into sheltered employment. The scheme has not been in operation sufficiently long to enable an assessment to be made as to its practical value.

The granting of tuberculosis allowances to certain cases suffering from respiratory tuberculosis, which used to be in the hands of Local Authorities, was transferred to the National Assistance Board.

In connection with venereal diseases, the primary responsibility for following-up persons under treatment rests with the hospital organisation, but the Corporation are prepared, through their health visitors and medical staffs, to follow-up those who have failed to undergo a complete course of treatment. The Corporation will continue to carry out propaganda by popular lectures and by the exhibition of

films in addition to the educational work undertaken by the Scottish Council for Health Education.

As regards malignant disease, the Corporation will co-operate with the Regional Hospital Board, if desired, through their health visitors who will accompany their own patients on visits to the clinic for malignant disease and will also visit the patients in their homes.

7. *Domestic Help Service.*

According to the provisions of the National Health Service Act, it is permissive for Local Authorities to provide domestic help for households where such help is required owing to the presence of any person who is ill, lying-in, an expectant mother, mentally defective, aged, or a child not over school age.

In March, 1946, however, the Corporation instituted a domestic help scheme which has been gradually extended. Each application is assessed according to the income to the home and a scale of charges in operation.

At the end of the year the number of domestic helps employed was 19 whole-time and 5 part-time. The whole-time helps gave assistance in 221 homes and the part-time in 52 homes.

The Corporation propose to employ 40 domestic helps as soon as women with suitable qualities and qualifications can be obtained, but it is doubtful whether this number will be adequate in view of the demands which will be made by the aged and infirm for assistance in their homes and by certain tuberculous patients undergoing domiciliary treatment.

8. *Mental Health Service.*

The certification of insane persons is carried out by general practitioners under arrangements with the Executive Council. The Regional Hospital Board is responsible for the institutional treatment of insane persons.

Under the Act, Authorised Officers have been appointed. Their duties are to make arrangements for the detention of persons apparently of unsound mind who have no relatives or friends willing and able to take such action. Again, when it is proposed to discharge insane patients from a mental hospital, the Authorised Officer has to satisfy himself that adequate arrangements have been made for the patients' welfare, and, if he is dissatisfied, he makes representation to the Medical Officer of Health, who notifies the position to the Medical Superintendent of the hospital.

The Corporation have decided that they will not in the immediate future themselves appoint psychiatric social workers, but that they will co-operate in this connection with the Department of Mental Health of Aberdeen University by arrangement with the Regional Hospital Board.

The operation of the Mental Health Services is somewhat complicated, and the closest co-operation will be established with the Regional Hospital Board and the Executive Council by means of a Joint Advisory Co-ordinating Committee.

WELFARE SERVICES.

At a meeting of the Town Council held on 5th July, 1948, it was decided that the Welfare Services should be linked with those of the Public Health Department, and that the Committee in charge should, in future, be known as the "Health and Welfare Committee."

This amalgamation was justifiable in view of the functions of the Corporation under the National Assistance Act. These functions deal with residential accommodation for the aged and infirm and for persons requiring accommodation under certain other circumstances, but the Corporation have also to provide welfare services for the blind, the deaf and dumb, and other handicapped persons. It was, therefore, appropriate from the close association of social and welfare work that the Welfare and Health Departments should be completely integrated.

VITAL STATISTICS.

A summary of the principal statistics for the years 1943 to 1948 is given on page ii.

It is gratifying to be able to report that the infantile mortality rate for Aberdeen for 1948, namely, 31, is the lowest on record. The previous lowest record was in 1946, when it was 42. In 1947, the infantile mortality rate was 64, and this relatively high figure was mainly due to the gastro-enteritis which was prevalent not only in Aberdeen, but also throughout Scotland. The infantile mortality rate for all Scotland was 45, 56, and 54 in 1948, 1947, and 1946, respectively.

A new low record was also achieved in Aberdeen in 1948 with regard to the mortality from tuberculosis. The mortality rate both from respiratory and from non-respiratory tuberculosis was the lowest on record. The mortality rate for respiratory tuberculosis was 33 per 100,000 of population, and for non-respiratory tuberculosis, 4. The corresponding death-rates for all Scotland were 66 and 10, respectively.

As regards infectious diseases, the incidence of the ordinary infections continued to be low in 1948. The mortality rate from the principal epidemic diseases was 0·05 per 1,000 of population, as compared with 0·07 in each of the two preceding years. The record of no deaths from diphtheria, attained first in 1946, was maintained in 1947 and in 1948. In the decennium 1938-1947, the annual average number of deaths from this disease was 12.

During 1948, the general health of the community was excellent.

I again put on record my thanks to members of the Health and Welfare and other Committees for their assistance and sympathy in health schemes submitted for their consideration. I also thank the members of my staff for their loyal assistance during the year.

HARRY J. RAE,
Medical Officer of Health.

Health and Welfare Department,
Willowbank House,
Willowbank Road,
Aberdeen, 1*st November*, 1949.

CONTENTS.

CITY OF ABERDEEN.

REPORT BY THE MEDICAL OFFICER OF HEALTH

For the year 1948.

SECTION I.

CARE OF MOTHERS AND YOUNG CHILDREN.

Maternal Mortality.

In their report for 1948, the Department of Health for Scotland state that in Scotland 160 women died from causes peculiar to pregnancy and childbirth, as compared with 236 in 1947, and that deaths from puerperal sepsis amounted to 30 in 1948, as against 38 in 1947.

In Aberdeen, in 1948, 4 women died from causes peculiar to pregnancy and childbirth, and in none of these cases was the death classified as due to puerperal sepsis. In 1947, there were 5 such deaths, and this number included 1 death from puerperal sepsis.

In 1948, the age-grouping of the fatal cases was as follows:—

25-30 years . . .	1 death
30-35 ,, . . .	0 deaths
35-40 ,, . . .	2 deaths
40-45 ,, . . .	1 death
	4 deaths

Three of the above cases were delivered in institutions and 1 at home. Antenatal care was adequate in all cases, and there was no failure in medical care.

As regards death-rates from diseases peculiar to pregnancy and child-birth, Aberdeen had a rate of 1·1 in 1948, as compared with a rate of 1·5 for all Scotland. In the quinquennium 1943-1947, the average rate for all Scotland was 2·7; in Aberdeen it was 1·4.

The following table gives the comparison between Aberdeen and all Scotland:—

Per 1,000 live and still births

Year	Maternal Mortality Rate		Puerperal Sepsis		Other Puerperal Conditions	
	Scotland	Aberdeen	Scotland	Aberdeen	Scotland	Aberdeen
1948	**1·5**	**1·1**	**0·29**	**0·0**	**1·25**	**1·1**
1947	2·0	1·2	0·3	0·24	1·7	0·95
1946	2·2	0·5	0·5	0·25	1·7	0·25
1945	2·8	1·4	0·9	0·7	1·9	0·7
1944	3·0	1·6	1·1	0·3	1·9	1·3
1943	3·7	2·4	1·3	0·7	2·4	0·7
Average **1943-1947**	**2·7**	**1·4**	**0·8**	**0·6**	**1·9**	**0·8**

Puerperal Fever and Puerperal Pyrexia.

In the following table are shown particulars relating to the number of cases notified as suffering from puerperal fever and pyrexia:—

	Puerperal Fever 1948	Puerperal Pyrexia 1948
No. of cases notified	25	34
No. of deaths	—	—
No. receiving Institutional Treatment—		
City (Fever) Hospital	25	33
Other Institutions	—	1
No. retained at home	—	—
No. of cases following abortion	7	2
No. of deaths following abortion	—	—

Infant Mortality.

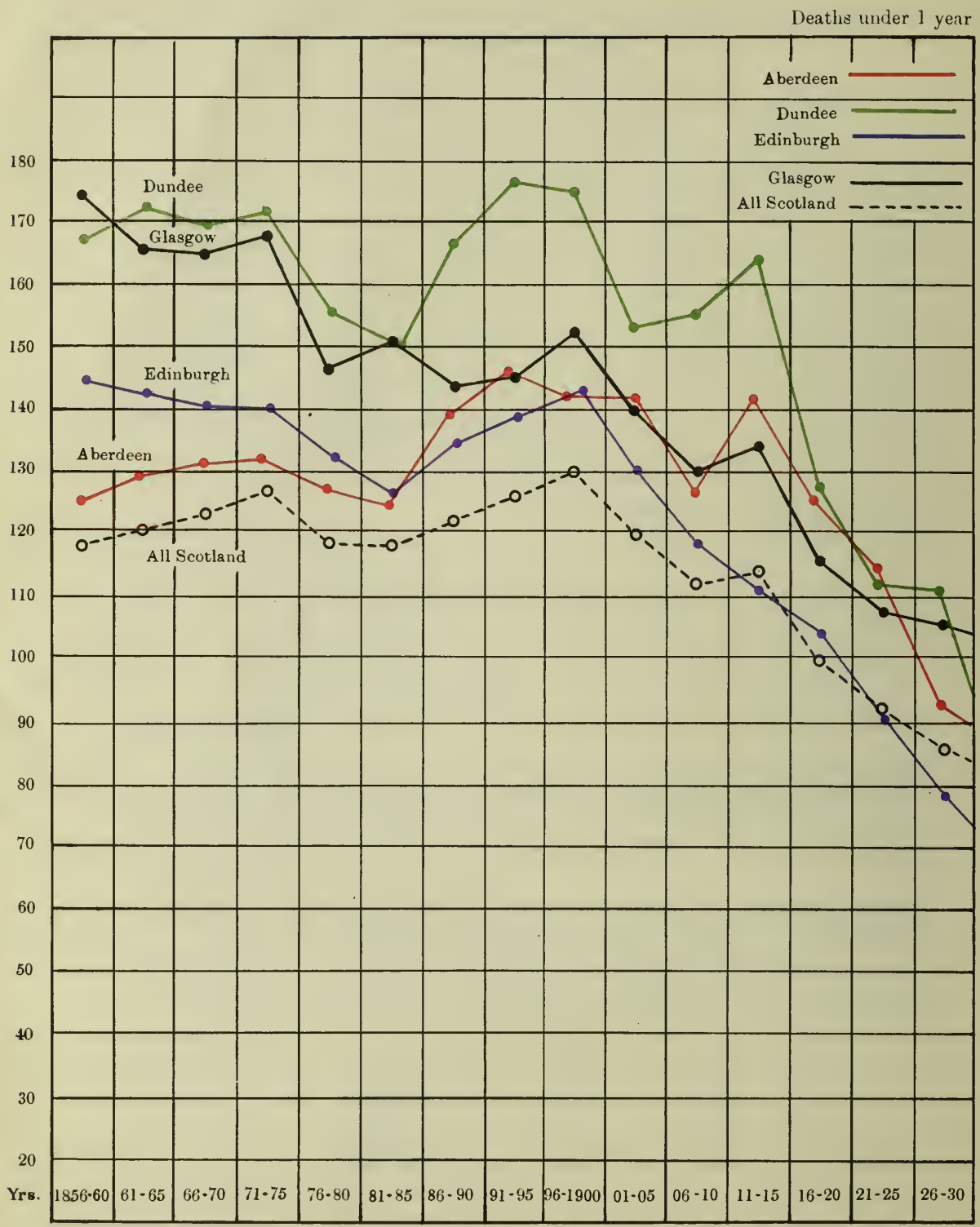
During 1948, there were 121 deaths among children under one year of age, as compared with an average of 187 deaths during the 1943-1947 quinquennium. The infant mortality rate, expressed as deaths per 1,000 live births, was 34 during 1948, as compared with 57 in the preceding quinquennium. *This rate of 34 is the lowest yet recorded.*

Comparison with other Cities.—The infant mortality rate throughout Scotland was 45. This rate was much lower than any previous Scottish rate. Among the four principal cities in Scotland, Aberdeen and Edinburgh had each a rate of 34. In the previous year, Edinburgh was first and Aberdeen second.

The infant mortality rates for all Scotland and for the four principal cities are given below:—

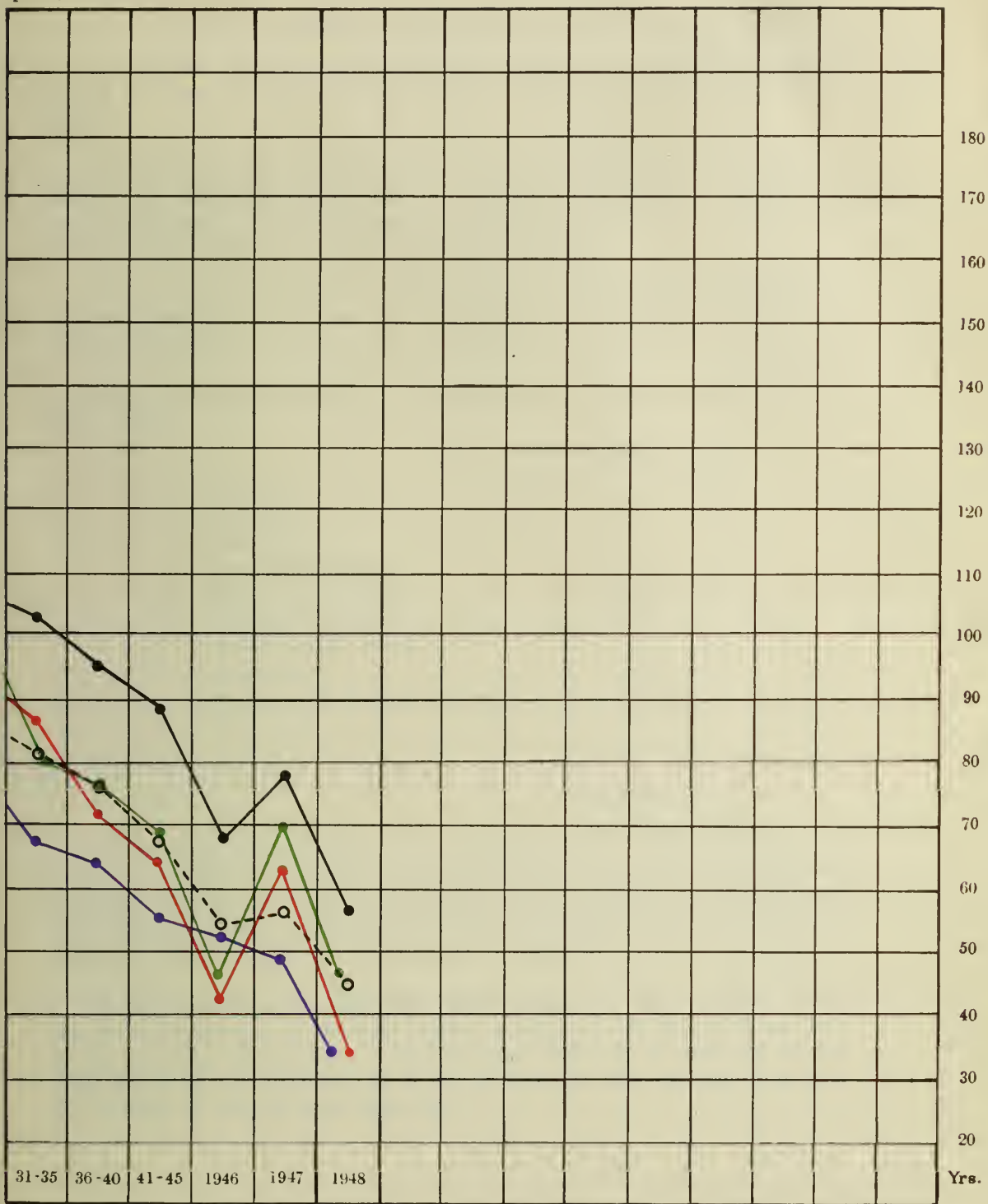
	Year 1948	Year 1947
All Scotland	45	56
Glasgow	56	77
Edinburgh	34	49
Dundee	47	70
Aberdeen	**34**	**64**

INFANT MORTALITY RATE, 1856-1948—



-Quinquennial Averages. 1856-1945.

per 1,000 Births.



The accompanying chart shows the infant mortality rate in Aberdeen, as compared with the other three principal cities and with all Scotland since 1856.

Distribution of Infant Deaths according to Wards of City.—The infant mortality rate in the various wards of the City is shown in Table I at end of this section of Report.

Legitimate and Illegitimate Mortality.—As will be seen from the footnote to Table I, the mortality among illegitimate children was 8 per cent. in 1948, and was considerably lower than the rate in 1947, which was 15 per cent. In the quinquennium 1943-1947, the rate was also 15 per cent.

Causes of Death.—Table II gives the actual number of deaths of children at various age-periods. In Table III, death-rates are substituted for the actual number of deaths.

The following analysis gives the death-rates from various causes during last three years:—

	Death Rates per 1,000 Live Births		
	1948	1947	1946
Prematurity	9	9	11
Atelectasis	2	6	3
Birth injuries	5	2	2
Congenital malformations	3	4	5
Diarrhœa and enteritis	5	22	9
Pneumonia and bronchitis	5	13	6
Common zymotic diseases	1	2	0·3
Tuberculosis	0	0·2	0·5
Overlaying and other accidents	2	2	1
Other causes	2	4	4
	34	64	42

In 1947, the increased mortality of children under 1 year was due to the prevalence of gastro-enteritis; the rate increased from 9 in 1946 to 22 in 1947. In 1948, the rate was reduced to 5 deaths per 1,000 live-births. The death-rate from pneumonia and bronchitis also showed a considerable reduction in 1948 as compared with 1947, the rates being 5 and 13 respectively.

Neo-Natal Deaths.—In 1948, the number of deaths of infants under 1 month was 72, or 60 per cent. of the total deaths, as compared with 94, or 50 per cent. in the preceding quinquennium. The neo-natal death-rate in 1948 was 20 per 1,000 live-births, as compared with 25 for all Scotland. The neo-natal death-rate for Aberdeen is referred to in Table III.

Still-Birth Rate.—In 1948, there were 98 still-births. This constitutes a still-birth rate of 27 per 1,000 live and still-births. Corresponding data for Scotland and for the other large cities are as follows:—

	Still-Birth Rate 1948		1947
All Scotland . .	29	...	31
Glasgow . . .	32	...	33
Edinburgh . . .	29	...	26
Dundee . . .	29	...	25
Aberdeen . . .	**27**	..	**25**

Aberdeen had the lowest still-birth rate in 1948.

Mortality in Pre-School Period (1-5 years).

The mortality in this age-period in 1948 was less than half the average in the quinquennium 1943-1947.

The number of deaths in 1948 and in the previous quinquennium was as follows:—

	1948		Average 1943-1947
1 and under 2 years . .	9	...	14
2 ,, 3 ,, . .	0	...	7
3 ,, 4 ,, . .	3	...	5
4 ,, 5 ,, . .	2	...	4
	14	...	30

In 1948 there were 2 deaths from infectious diseases—1 from measles and the other from scarlet fever—as compared with an average of 6 in the preceding quinquennium. There were no deaths from pneumonia in 1948; the average number of deaths from pneumonia in the 1943-1947 quinquennium was 5. There was only 1 death from non-pulmonary tuberculosis, the death in this case being due to abdominal tuberculosis; in the preceding quinquennium the average number of deaths was 6, including 4 from tuberculous meningitis.

Ante-Natal and Post-Natal Clinics.

Ante-natal Clinics are held at three Welfare Centres in the City—Castle Terrace, Hilton, and Torry. Medical supervision is provided for women for whom institutional confinement has been arranged; midwives advise all women who expect to be confined at home, and who have not placed themselves under the care of a general practitioner, to attend these clinics.

In addition to the specialist clinics conducted at the Aberdeen Maternity Hospital, Post-natal Clinics have been instituted at the Castle Terrace, Hilton, and Torry Centres.

The numbers of women who attended the clinics during the year were 2,874 at the Ante-natal and 1,376 at the Post-natal Clinics.

Child Welfare Centres.

There are four Child Welfare Centres—Castlegate, Charlotte Street, Hilton, and Torry—which are open daily from 9 a.m. to 5 p.m. Health visitors are in attendance. To these centres a mother may come at any time for advice. Sessions are held for vaccination against smallpox, for immunisation against diphtheria and whooping cough, and for baby weighing. Special morning sessions are reserved for giving advice to mothers as to infant feeding. Medical examinations are carried out for the most part by appointment.

Ultra-violet Light Clinics are held at Hilton and Charlotte Street Centres, and to these sessions are brought debilitated children for artificial sunlight treatment.

Weekly sessions are held at five other centres, viz.:—Old Aberdeen, Powis, Holburn Street, Gallowgate, and Beechgrove. Twice-weekly sessions are conducted at Hayton. One session per fortnight is held at Ruthrieston.

The extent of the work performed at the centres during 1948 is summarised hereunder:—

(i) Number of clinics at end of year provided by the Corporation—11.

(ii) Total number of children under 5 years of age who **first** attended at the clinics during the year—

(*a*) Under 1 year of age—2,292.

(*b*) Over 1 year of age—689.

(iii) Total number of attendances made by children during the year—

(*a*) Under 1 year of age—17,872.

(*b*) Over 1 year of age—7,485.

Dental Care.

The importance of the dental care of expectant and nursing mothers and of pre-school children cannot be over-estimated. The following figures are interesting, but it cannot be stated that the dental attention to these members of the community is by any means adequate:—

	Mothers	Pre-School Children
(i) Number inspected by Dental Officers . . .	190	398
(ii) Number found to require treatment . . .	190	398
(iii) Number accepting treatment	129	349
(iv) Number actually treated by Dental Officers . .	129	349

Mother and Baby Home.

The Mother and Baby Home in the City is conducted by a voluntary association and has been transferred from No. 25, Westfield Terrace to Richmondhill House, King's Gate. In these new premises there is accommodation for 10 expectant mothers and 10 post-natal cases. There are also 10 cots. The average period of stay in both ante-natal and post-natal cases was six weeks. During the year under review 55 women were admitted to this Home.

Day Nurseries.

The Day Nurseries in the City provided by the Corporation are as follows:—

Name and Address of Nursery	Number of places provided at end of year		Number of places taken up at end of year	Waiting List at end of year
	0—2 years	2—5 years		
Charlotte Street Nursery, 46, Charlotte Street ..	30	30	60	128
Castle Terrace Nursery, 6, Castle Terrace ...	10	20	30	165
Torry Nursery, South Esplanade West	15	25	40	62
Linksfield Nursery, Linksfield Place	10	20	30	64

Residential Nurseries.

Residential accommodation is provided in Thorngrove Home, Great Western Road, and in the nursery at No. 25, Westfield Terrace. Thorngrove Home has 30 places for children under the age of 2 years, and the Residential Nursery in Westfield Terrace accommodates 16 children from 2 to 5 years.

Hospital Accommodation for Ailing Babies.

The Babies' Nursery in the Maternity Hospital was opened in 1940, and, since that date, has performed a most successful function. It has given feeble premature infants the best chance of survival. In the nursery there are 30 cots for infants born before the normal date of gestation or born in difficult conditions in the wards of the hospital.

In 1948, 629 babies were admitted to the nursery. This number included 89 who were born outside and were admitted for treatment.

Nurseries and Child-Minders Regulation Act, 1948.

The Nurseries and Child-Minders Regulation Act, 1948, came into operation on 30th July, 1948. This Act empowers local Health Authorities to supervise (i) nurseries where children up to school leaving age are looked after for the day or for longer periods not exceeding six days, and (ii) persons who, for reward, undertake the care of children under the age of 5 for similar periods.

At the end of 1948 only two applications for registration had been made to the Corporation.

Births.

The registered births are detailed in Section IX of this Report. The particulars regarding the births occurring in the City during 1948 are given in Section II, which deals with Domiciliary Services.

The tables relating to births, still-births, and infant mortality are herewith submitted:—

TABLE 1.—INFANTILE MORTALITY IN WARDS OF THE CITY.

YEAR		Whole City.	Ward of City.											
			Wood-side.	St. Machar.	St. Clement's	Grey-friars.	St. Nicholas.	Gilcom-ston.	Rose-mount.	Rubis-law.	Ruthrie-ston.	Hol-burn.	Ferry-hill.	Torry.
1948 .	Infant Mortality Rate	34	25	43	34	27	52	32	18	37	31	23	41	39
Average 1943-47	*do.*	57	57	64	77	73	58	54	41	40	28	57	44	56
1948 .	Number of Births	3598	706	652	348	329	135	186	168	109	261	130	194	380
Average 1943-47	*do.*	3316	506	513	317	290	152	184	181	167	253	177	190	386
1948 .	Number of Deaths under 1 year.	121 (10)	18 (2)	28 (3)	12 (1)	9 —	7 (2)	6 (1)	3 —	4 —	8 —	3 —	8 —	15 (1)
Average 1943-47	*do.*	187 (28)	29 (3)	33 (5)	24 (5)	21 (3)	9 (2)	10 (1)	7 (1)	7 (1)	7 (2)	10 (1)	8 (0·4)	22 (3)
1948 .	*Causes of Death*— Infectious Diseases	3 (1)	1 (1)	— —	— —	— —	— —	1 —	1 —	— —	— —	— —	— —	— —
Average 1943-47	*do.*	5 (1)	1 (0·2)	1 —	1 (0·2)	0·4 —	0·2 —	— —	— —	0·2 —	0·2 (0·2)	0·4 —	0·2 —	1 (0·2)
1948 .	Tuberculosis	—	—	—	—	—	—	—	—	—	—	—	—	—
Average 1943-47	*do.*	1 —	0·4 —	0·2 —	0·2 —	— —	— —	— —	— —	— —	— —	— —	0·2 —	— —
1948 .	Diseases of Early Infancy	73 (4)	13 —	17 (2)	6 —	6 —	3 (1)	4 (1)	1 —	3 —	8 —	— —	6 —	6 —
Average 1943-47	*do.*	92 (10)	15 (1)	15 (2)	10 (1)	8 (1)	4 —	6 (1)	4 (0·2)	4 (0·4)	4 (1)	5 (0·2)	5 (0·2)	12 (2)
1948 .	Pneumonia, Bronchitis, etc.	16 (2)	1 —	1 —	1 (1)	1 —	1 —	— —	1 —	1 —	— —	1 —	1 —	7 (1)
Average 1943-47	*do.*	35 (5)	4 —	6 (1)	4 (1)	7 (1)	2 (0·6)	2 —	2 (0·2)	1 (0·2)	2 (0·6)	1 (0·2)	1 —	3 (0·4)
1948 .	Diarrhœa and Enteritis	16 —	— —	8 —	2 —	1 —	1 —	1 —	— —	— —	— —	2 —	1 —	— —
Average 1943-47	*do.*	40 (9)	7 (1)	7 (1)	8 (3)	5 (1)	2 (1)	1 (0·4)	1 (0·4)	0·2 (0·2)	1 (0·4)	2 (0·4)	1 —	5 (0·2)
1948 .	Other Causes	13 (3)	3 (1)	2 (1)	3 —	1 —	2 (1)	— —	— —	— —	— —	— —	— —	2 —
Average 1943-47	*do.*	14 (3)	1 (0·2)	4 (1)	1 (0·6)	1 —	0·6 (0·2)	1 (0·2)	0·4 —	0·6 —	0·4 —	2 (0·2)	1 (0·2)	1 (0·4)

1948.—Of above 121 deaths, 10 — 8 per cent.—occurred among illegitimate children. The numbers are denoted in brackets.
Average 1943-47.—Of above 187 deaths, 28 — 15 per cent.— Do. do. do. do.

TABLE II.—CAUSES OF DEATH AMONG CHILDREN UNDER FIVE YEARS OF AGE.
YEAR 1948.

CAUSES OF DEATH	AGE																Average for preceding 5 years (1943-47)	
	FIRST YEAR											SECOND TO FIFTH YEARS						
	First Four Weeks				First Three Months			The Four Quarters										
	0—1	—2	—3	—4	*0—1	—2	—3	*0—3	—6	—9	—12	Total	—2	—3	—4	—5	Total	0—1	1—5
Chicken-pox	...	...	...	...	...	...	...	..	..	...	...	...	...	...	...	...	..	...	...
Measles	...	...	..	...	...	...	...	...	...	...	...	...	1	..	...	...	1	1	1
Scarlet Fever	..	.	.	..	...	...	...	...	...	...	..	...	1	...	...	...	1	...	0·
Whooping Cough	...	...	...	...	..	...	...	...	2	...	...	2	...	...	...	...	...	2	2
Diphtheria	..	...	..	..	...	...	...	...	...	...	...	...	...	...	...	...	...	...	2
Dysentery	...	1	..	...	1	...	...	1	...	...	...	1	...	...	...	...	...	1	0·2
Erysipelas	...	...	...	...	...	...	...	...	..	...	...	...	...	...	...	...	...	..	...
Epidemic Cerebro-Spinal Meningitis	...	...	...	...	..	...	...	...	...	...	...	...	...	...	...	...	...	1	1
Tuberculosis of (a) Brain	..	...	...	...	..	...	...	...	...	...	...	...	...	...	...	...	...	0·2	4
Tuberculosis of (b) Abdomen	...	...	..	...	...	...	...	...	..	...	...	...	1	...	...	...	1	...	0·2
Tuberculosis of (c) Lungs		...		...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	0·4
Tuberculosis of (d) Other Forms	...	...	...	..	..	...	...	...	...	...	...	...	...	...	...	...	...	0·2	1
Meningitis	...	...	...	...	...	...	..	...	...	...	...	...	1	...	...	...	1	1	0·4
Convulsions	...	..	...	...	...	...	1	1	...	...	...	1	...	...	...	...	...	1	0·2
Pneumonia	1	1	1		3	2	2	7	4	2	3	16	...	...	...	...	...	32	5
Bronchitis	...	...	...	...	..	.	..	...	...	...	...	...	...	...	...	...	...	3	0·4
Diarrhœa and Enteritis	...	...	...	..	...	1	2	3	8	4	1	16	1	...	...	..	1	41	1
Other Digestive Diseases	...	...	..	...	...	..	...	...	...	...	...	...	1	..	1	...	2	2	1
Congenital Heart	4	..	..	..	4	...	...	4	...	...	...	4	...	...	...	...	...	7	0·2
Other Congenital Malformations	1	1	1	...	3	1	1	5	1	2	...	8	...	...	...	...	...	9	0·4
Prematurity	33	...	...	...	33	1	...	34	...	...	...	34	...	...	...	..	...	44	...
Atrophy, Debility, and Marasmus	...	...	...	...	...	1	1	2	...	...	...	2	...	...	...	..	...	5	...
Atelectasis	8	...	.	..	8	...	...	8	...	...	...	8	...	...	...	...	...	11	...
Injury at Birth	14	2	...	...	16	...	...	16	...	..	...	16	...	...	...	...	...	10	...
Syphilis	...	...	...	...	...	..	...	...	...	...	...	...	...	...	...	...		1	...
Burns and Scalds	...	...	.		...	...	...		...	...	...	...	2	..		...	2	...	1
Overlaying	1	...	...	...	1	...	..	1	2	...	...	3	...	...	...	...	...	3	...
Other Accidents	2	..	...	..	2	1	...	3	1	...	1	5	1	...	...	1	2	2	3
Other Causes	1	...	...	...	1	...	1	2	2	1	...	5	...	...	2	1	3	9	5
ALL CAUSES	65	5	2		72	7	8	87	20	9	5	121	9	...	3	2	14	187	30
Average for preceding 5 years	68	8	7	9	94	20	18	132	36	13	6	187	14	7	5	4	30	...	...

* This column includes all deaths in preceding columns.

Table III.—Aberdeen—Births, Still-Births, Infant Mortality.
Years 1938-1948.

Year.	No. of Live Births.	Live Births per 1,000 of Population.	Illegitimate Births, per cent. of Live Births.	No. of Still Births.	Still Births per 1,000 Total Births, incl. Still Births.	No. of Deaths of Infants under 1 Year.	No. of Deaths of Infants under 1 Month.	Death-rates from all Causes per 1,000 Live Births. Rates. Total under one Year.	Under One Month (Neo-natal Rate).	One Month and under Six Months.	Six Months and under One Year.	Death-rates among Infants under 1 Year of Age from Chief Causes per 1,000 Births. Prematurity, Cong. Defects and Dis. of Early Infancy.	Dis. of Digest. Syst., Wasting and Debility, Convulsions.	Pneumonia and Bronchitis.	Common Zymotic Diseases. Measles.	Whooping Cough.	Diphtheria.	Scarlet Fever.	Tuberculosis.	Syphilis.	Overlaying.
1948 . .	**3598**	**19·1**	**5·9**	**98**	**27**	**121**	**72**	**34**	**20**	**10**	**4**	**20**	**5**	**4**	**0**	**0·6**	**0**	**0**	**0**	**0**	**1**
1947 . .	4124	22·0	5·9	107	25	263	108	64	26	28	10	21	24	13	0·7	1	0	0	0·2	0	1
1946 . .	3762	20·4	7·0	115	30	158	92	42	24	16	2	22	10	6	0	0·3	0	0	0.5	0·5	1
1945 . .	2830	15·5	10·0	71	24	152	76	54	27	21	6	26	14	8	0·4	1	0	0	0·4	0	0
1944 . .	2989	16·5	9·2	68	22	169	83	57	28	23	6	28	9	14	0	0·3	0	0	0·3	0 7	2
1943 . .	2876	16·0	8·9	96	32	195	111	68	39	24	5	34	14	12	0·3	0·7	0	0	0	0·7	0·3
Average **1943-47 .**	**3316**	**18·1**	**8·2**	**91**	**27**	**187**	**94**	**57**	**29**	**22**	**6**	**26**	**14**	**11**	**0·3**	**0·7**	**0**	**0**	**0·3**	**0·4**	**0·8**
1942 . .	2904	16·1	8·5	91	30	194	104	67	36	22	9	35	14	10	1	1	0·7	0	1	1	0
1941 . .	2907	16·2	7·5	96	32	224	128	77	44	25	8	38	16	15	0·3	1	0	0	0	0·3	1
1940 . .	2804	15·6	6·3	115	39	241	120	86	43	27	16	38	13	22	1	2	1	0	0·4	0·4	0·4
1939 . .	2977	16·6	6·3	111	36	177	102	59	34	18	7	30	10	13	0	0	0	0	0·7	0·7	1
1938 . .	3008	16·9	5·6	Still-Birth Act not in force until 1939		215	99	71	33	26	12	29	15	15	2	1	1	0	0·3	0	1
Average **1938-42 .**	**2920**	**16·3**	**6·8**			**210**	**110**	**72**	**38**	**24**	**10**	**34**	**14**	**15**	**0·9**	**1**	**0·5**	**0**	**0·5**	**0·5**	**0·7**

SECTION II.

DOMICILIARY SERVICES.

Midwifery Service.

The Corporation's Domiciliary Midwifery Scheme under the Maternity Services (Scotland) Act, 1937, came into operation on 1st November, 1941. This scheme was modified when the National Health Service Act was introduced by the fact that the practitioners, instead of being employed and recompensed by the Corporation, are now paid through the Executive Council.

The Corporation's midwifery staff consists of a Supervisor of Midwives and 12 whole-time midwives. To each municipal midwife a district of the City has been allocated. One central district is served by three midwives attached to the Aberdeen Maternity Hospital.

The Superintending Nursing Officer to the Corporation is also the Supervisor of Midwives and has executive control both over the health visitors and also the midwives. At the end of 1948, an Assistant Superintending Nursing Officer was appointed.

Births.

The particulars regarding the births, including still-births, which occurred in the City during 1948 are as follows:—

	Before 5th July, 1948	Remainder of year
(1) Number of births occurring in the area during 1948	2,281	2,044
(2) Nature of attendance at confinement—		
(i) Cases dealt with under Maternity Services (Scotland) Act, 1937—		
(*a*) Doctor present at confinement	41	—
(*b*) Doctor not present	408	—
(ii) Cases dealt with under Section 23 (2) of the National Health Service (Scotland) Act, 1947—		
(*a*) Doctor engaged and present at confinement	—	28
(*b*) Doctor engaged but not present at confinement	—	365
(*c*) Midwife alone (no doctor engaged)	—	—
(iii) Other domiciliary cases—		
(*a*) Doctor engaged	17	7
(*b*) Midwife alone (no doctor engaged)	—	—
(*c*) Conducted by outdoor staff of institution	6	—
(*d*) Without doctor or midwife	8	1
(iv) Cases attended at institutions (including private Maternity and Nursing Homes)	1,801	1,643

Health Visiting Services.

Under Section 24 of the National Health Service (Scotland) Act, 1947, it is the duty of every local health authority to make provision in their area for the visiting of persons in their homes by visitors, to be called "health visitors," for the purpose of giving advice as to the care of young children, of persons suffering from illness, and of expectant or nursing mothers, and as to the measures necessary to promote health and to prevent the spread of infection.

In 1948, there were 23 health visitors in the employment of the Corporation in connection with maternity and child welfare services and the school health services. In addition, 3 health visitors were employed for the care and supervision of cases of tuberculosis, and one health visitor was reserved mainly for the visitation of cases suffering from infectious diseases.

In order to provide a thoroughly efficient health visiting service, the minimum number of health visitors required in this area would be 45, and the Corporation's aim will be to achieve this figure as soon as possible, but it is not expected that this ideal will be attained within the next two years. In April, 1948, a training course for the Health Visitor's Certificate was inaugurated by the Corporation, and the local recruitment of health visitors will thereby be accelerated.

Visitation by Health Visitors.

The work performed by the health visitors during the year is given hereunder:—

	First Visits	Total Visits
(*a*) Maternity and Child Welfare—		
Expectant mothers	332	332
Infants	3,931	30,429
Children (1-5 years)	7,697	29,300
Cases of tuberculosis	305	6,274
Other cases, *e.g.*, infectious diseases	1,120	1,224
Homes of necessitous blind persons	10	642
(*b*) School Health Service—		
Follow-up work	233	362

Home Nursing Service.

The number of cases attended and the number of visits paid by the nurses employed by the Aberdeen District Nursing Association were as follows:—

(i) Number of cases attended by home nurses between 5/7/48 and end of year	1,729
(ii) Number of visits paid by nurses to these cases	32,919

Domestic Help Service.

The work carried out by the 19 whole-time and 5 part-time domestic helps is shown here:—

	Whole-time	Part-time
Number of cases assisted	221 cases	52 cases
Average period of assistance	17 days	14 days

SECTION III.

VACCINATION AND IMMUNISATION.

Vaccination against Smallpox.

As already explained, vaccination against smallpox ceased to be compulsory with the introduction of the National Health Service (Scotland) Act. Vaccination is now undertaken by the general practitioners and by the Corporation's Medical Officers at Child Welfare Clinics. The following table gives the number of vaccinations reported to the Health and Welfare Department during the period from 5th July to 31st December, 1948:—

PRIMARY VACCINATIONS.

Year of Birth	Typical Vaccinia greatest at 7th-10th day	Accelerated (Vaccinoid) Reaction 5th-7th day	Greatest Reaction 2nd-3rd day	No Local Reaction	Total
1948	737	12	1	25	775
1947	13	...	...	...	13
1946	2	1	...	...	3
1945	...	1	1	...	2
1944	...	2	1	..	3
1943	...	2	1	...	3
1942	...	1	...	...	1
1941	...	...	...	...	...
1940 or earlier . . .	...	1	2	..	3
Totals . . .	752	20	6	25	803

RE-VACCINATIONS.

Typical Vaccinia greatest at 7th-10th day.	Accelerated (Vaccinoid) Reaction 5th-7th day.	Greatest Reaction 2nd-3rd day.	No Local Reaction.	Total.
29	14	42	4	89

Immunisation against Diphtheria.

Under the Act, the Corporation is required to make arrangements for the immunisation against diphtheria of pre-school and school children in their area. In 1936, the Corporation authorised the re-introduction of a campaign in connection with active immunisation of children of school and pre-school ages. This scheme is being continued to cover the requirements of the Act. Every endeavour is being made to secure that as many infants as possible are immunised, whether by their own doctors or at clinic sessions organised by the Corporation.

The accompanying table gives an analysis of the numbers reported to be immunised and re-immunised during 1948.

Of 2,759 children fully immunised during the year, 1,382 were immunised at Child Welfare Centres, 904 at schools, and the remaining 473 by general practitioners. With regard to re-immunisation or maintenance inoculations, 2,910 children received maintenance injections at schools and 88 were re-inoculated by general practitioners.

A record of the immunisation campaign in connection with school children is given under the section dealing with the School Health Service.

Diphtheria Immunisation Analysis for Year 1948.

	AGE DISTRIBUTION																
	Under 1 year	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	Over 15 years	Total
No. of Children fully Immunised (2 injections).																		
(*a*) By General Practitioners and at Child Welfare Clinics—																		
Half-year to 30th June . .	...	493	153	38	28	19	4	1	2	1	...	...	...	...	...	5	1	745
Half-year to 31st December .	119	670	108	38	29	60	49	6	2	21	1	1	2	...	2	...	2	1110
	119	1163	261	76	57	79	53	7	4	22	1	1	2	...	2	5	3	1855
(*b*) At Schools—																		
Half-year to 30th June . .	...	8	7	11	7	141	329	25	18	328	6	8	14	1	...	...	1	904
Half-year to 31st December .	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
	...	8	7	11	7	141	329	25	18	328	6	8	14	1	...	...	1	904
Final Total of Children fully Immunised.																		
By General Practitioners and at Child Welfare Clinics .	119	1163	261	76	57	79	53	7	4	22	1	1	2	...	2	5	3	1855
At Schools	...	8	7	11	7	141	329	25	18	328	6	8	14	1	...	...	1	904
	119	1171	268	87	64	220	382	32	22	350	7	9	16	1	2	5	4	2759
No. of Children who have received a third or maintenance injection.																		
(*a*) By General Practitioners and at Child Welfare Clinics—																		
Half-year to 30th June . .	...	...	...	1	3	11	7	...	1	4	...	...	...	...	...	..	...	27
Half year to 31st December .	...	...	...	1	2	22	19	1	4	11	1	...	...	...	...	...	...	61
	...	...	...	2	5	33	26	1	5	15	1	...	...	...	...	.	...	88
(*b*) At Schools—																		
Half-year to 30th June . .	...	..	..	...	9	354	686	85	77	1485	45	86	73	8	1	1	...	2910
Half-year to 31st December .	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
	..	..	...	...	9	354	686	85	77	1485	45	86	73	8	1	1	...	2910
Final Total of Children who have received a maintenance injection																		
By General Practitioners and at Child Welfare Clinics .	...	...	...	2	5	33	26	1	5	15	1	...	...	...	...	...	...	88
At Schools	...	...	...	..	9	354	686	85	77	1485	45	86	73	8	1	1	...	2910
	...	..	...	2	14	387	712	86	82	1500	46	86	73	8	1	1	.	2998

Immunisation against Whooping Cough.

During the period 5th July to 31st December, 1948, 330 children were reported by general practitioners to have been immunised, the immunisation material being a combined prophylactic against diphtheria and whooping cough. The number of children immunised during the year by the Medical Officers attached to the Child Welfare Centres totalled 2,049.

SECTION IV.

PREVENTION OF ILLNESS, CARE, AND AFTER-CARE.

The Corporation's arrangements under the above heading refer to (*a*) Tuberculosis, and (*b*) other diseases, including Venereal Diseases and Malignant Disease.

TUBERCULOSIS SERVICES.

Introduction.

With reference to tuberculosis, the arrangements made by the Corporation include—

1. Measures to control the spread of infection.
2. Measures for the care of persons suffering from tuberculosis and for the after-care of persons who have so suffered.

Domiciliary tuberculosis visitation continues to be carried out by the tuberculosis health visitors. These visitors also act as almoners so far as tuberculous patients are concerned.

The trend of the times is greatly in the direction of increasing "contact" examinations.

The most outstanding features with regard to tuberculosis in 1948 have been its high incidence and the low mortality.

The notifications of tuberculosis, 316 in number, are the highest recorded since 1927. They comprise 279 cases of respiratory tuberculosis and 37 cases of non-respiratory tuberculosis. The very high incidence of respiratory tuberculosis is due in part to the inclusion of cases of primary tuberculosis in children under 15 (of which there were 50); in previous years these were classified under non-respiratory tuberculosis. Thus, deducting cases of primary tuberculosis, the actual notifications of adult type respiratory tuberculosis amount to 229, as compared with 172 in 1947. Even so, it is evident that this represents a substantial increase.

While improved case finding methods are to some extent responsible for the recognition of more cases, it is also clear that there is a real increase in the incidence of respiratory tuberculosis, the causes of which can only be surmised. If, as is generally believed, the environmental factors of housing and nutrition play a dominant rôle in determining the incidence of tuberculosis, there is no evidence that the state of nutrition of the community as a whole has deteriorated in recent years—rather the reverse. One is, therefore, left with the impression that it may be the housing shortage in Aberdeen, as in all Scotland, which is the more important environmental factor. So far as is practicable, the Corporation give priority in housing to tuberculous families, especially where a member of the family

is suffering from "open" tuberculosis and where efficient segregation cannot be carried out at home.

On the other hand, it is possible that undetermined epidemiological influences are at work.

Equally striking is the fact that the death-rates in Aberdeen both from respiratory and from non-respiratory tuberculosis in 1948 are the lowest ever recorded; in fact, the death-rate from all forms of tuberculosis in Aberdeen is less than half of that for all Scotland.

Factors contributing to the low death-rate are, firstly, the fact that it has been possible to give institutional treatment promptly, the average period between notification and admission to hospital being about 14 days, and, as a result, waiting lists have been minimal; secondly, the use of new chemotherapeutic weapons, notably streptomycin, which has saved several cases of generalised tuberculosis who otherwise would almost certainly have died; and thirdly, the increasingly successful range of surgical collapse methods in respiratory tuberculosis.

It is indeed fortunate that, at a time when the sequel of a long and exhausting war is a spate of tuberculosis, more effective therapeutic methods are coming into operation. It should be realised that, however brilliant the result may be in the treatment of an individual case, the cost in time and money and the human suffering are very great, and a diagnosis of respiratory tuberculosis spells in greater or lesser degree ruin to the individual and economic loss to the family and to the community, even though recovery eventually ensues.

In an endeavour to detect respiratory tuberculosis at an early stage and before it has caused manifest disease, mass miniature radiography has been used in various parts of the country, and large numbers of apparently healthy persons have been x-rayed by this means. It has been ascertained that approximately three or four thousand have significant tuberculosis calling for treatment. At the same time, a much larger proportion has been found to have healed disease. Hence, it is evident that many people develop tuberculosis which heals without their being aware of its presence. The problem thus arises of deciding which of the cases of active symptomless tuberculosis discovered by x-ray will heal spontaneously, and which will progress. Unfortunately, so far, there are no reliable criteria for determining this most important point.

After-care and Re-habilitation.

The relative failure to secure suitable re-employment for the tuberculous once the disease has become arrested remains a major problem in dealing with tuberculosis. Many patients, after treatment, achieve a fair measure of their former health, the maintenance of which is dependent not only on a satisfactory home environment, but also on securing work of a suitable nature. In the case of professional persons, skilled craftsmen, and the like, a return to their former work, with modification of working hours, is often feasible and satisfactory, but, in the case of unskilled labourers, re-employment in lighter work is usually essential. The failure to find such re-employment means either that the individual concerned is converted into a

useless idler, and from the economic aspect a dead loss to the community, or, as frequently happens, he is thrown back on his own, often attempting entirely unsuitable work with resulting relapse and breakdown.

The time is long overdue for the setting up of subsidised sheltered workshops for the tuberculous, formidable though the initial cost would be.

In the case of the tuberculous married women, there is a real need for domestic helps to relieve them of the heavier household tasks.

Mortality.

There were 70 deaths from tuberculosis, 62 of these being due to respiratory tuberculosis and 8 to non-respiratory tuberculosis.

The deaths from tuberculosis represent 3·3 per cent. of the total deaths from all causes, or approximately one out of every 30 deaths.

The deaths from respiratory tuberculosis and from other forms of tuberculosis in 1948, in the preceding five years, and in 1938, the last full year of peace, were as follows:—

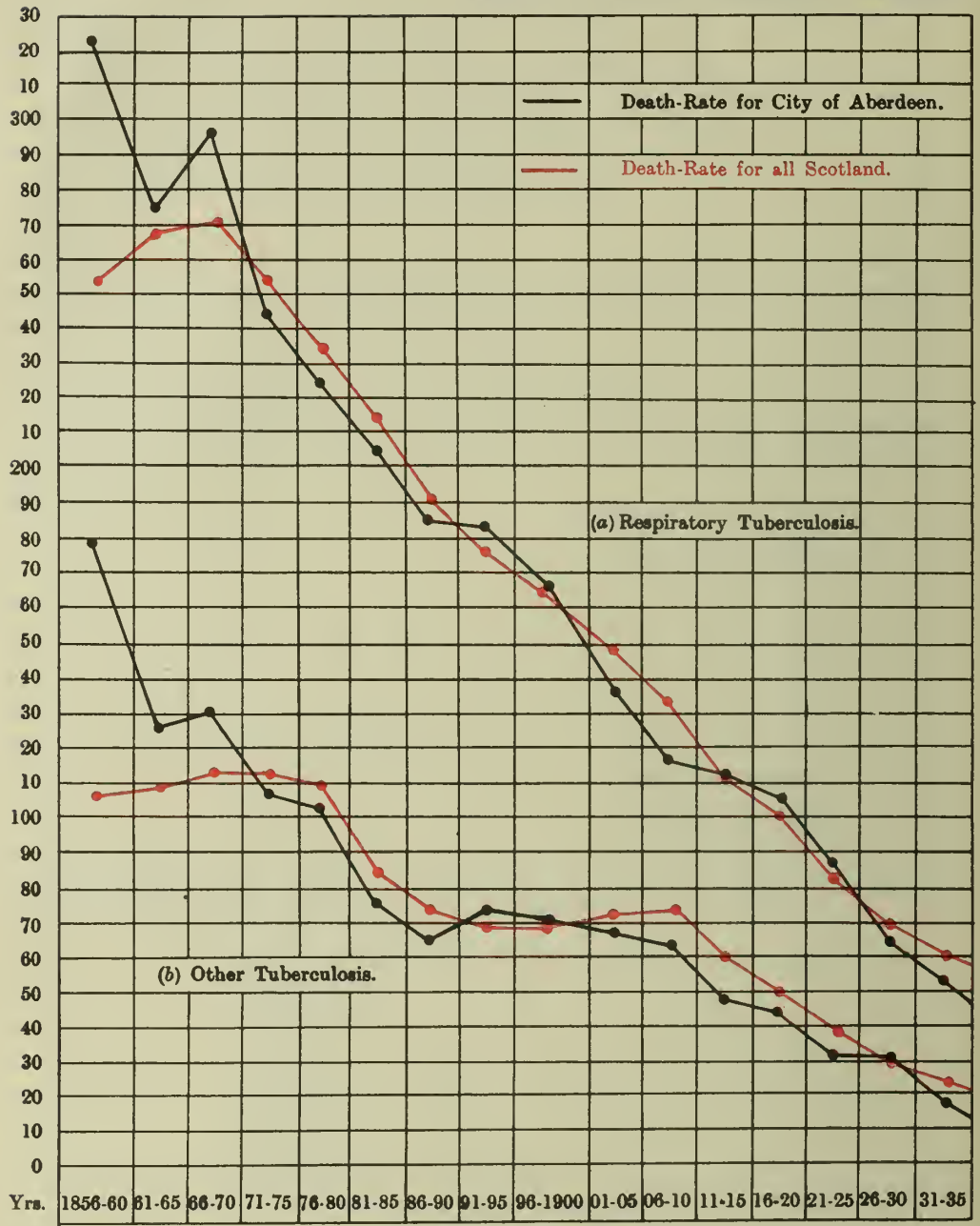
	Respiratory	Other	Total
1948	62	8	70
1947	65	12	77
1946	71	12	83
1945	70	15	85
1944	77	33	110
1943	74	26	100
1943-1947 Quinquennium	71	20	91
1938	67	18	85

The deaths from respiratory tuberculosis and from other tuberculosis for the years 1948, 1947, and 1938, arranged in age-groups, are given below:—

Deaths from Respiratory Tuberculosis—	1948	1947	1938
Under 1 year	—	1	—
1-5 years	—	1	1
5-15 years	—	—	—
15-25 years	12	14	14
25-35 years	7	13	16
35-45 years	13	12	10
45-55 years	10	10	13
55-65 years	11	8	6
65-75 years	7	6	7
Over 75 years	2	—	—
	62	65	67

ALL AGES

Deaths per 100,000 of Population. (Estimated



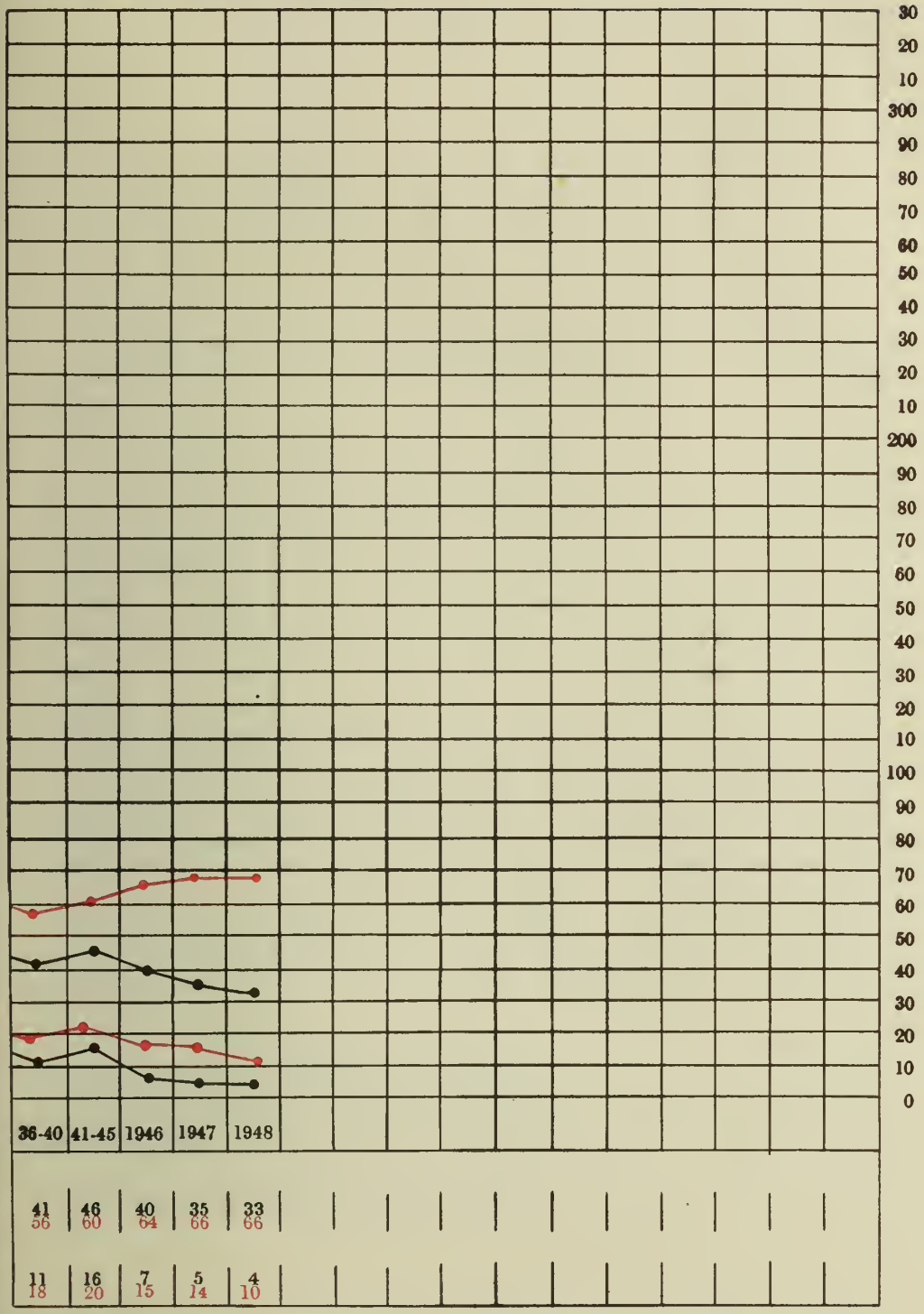
Yrs.	1856-60	61-65	66-70	71-75	76-80	81-85	86-90	91-95	96-1900	01-05	06-10	11-15	16-20	21-25	26-30	31-35
(a) RESPIRATORY TUBERCULOSIS.																
Abdn.	322	274	298	243	223	204	184	181	167	138	116	111	106	88	62	52
All Scot.	253	266	270	254	234	213	190	175	166	148	131	110	99	81	68	59
(b) OTHER TUBERCULOSIS.																
Abdn.	179	128	130	107	101	74	67	72	70	69	61	49	43	31	30	17
All Scot.	104	109	112	111	109	83	71	68	69	70	73	59	48	36	28	21

(Corrected for transferred deaths in 1904 and subsequent years.)

-Quinquennial Periods to 1945.

Both Sexes.

Civilian Mean Population, 1940-1946.)



Deaths from Other Tuberculosis—	1948	1947	1938
Under 1 year	—	—	1
1-5 years	1	1	3
5-15 years	2	2	5
15-25 years	1	4	3
25-35 years	1	1	2
35-45 years	1	3	—
45-55 years	—	1	1
55-65 years	2	—	1
65-75 years	—	—	1
Over 75 years	—	—	1
	8	12	18

The death-rates per 1,000 of population from tuberculosis in Scotland, and in the four large cities for the years 1948, 1947, and 1938, are given in the following table:—

	1948			1947			1938		
	Total	Resp.	Other	Total	Resp	Other	Total	Resp.	Other
All Scotland	**0·76**	0·66	0·10	**0·80**	0·66	0·14	**0·69**	0·52	0·17
Glasgow	**1·26**	1·13	0·13	**1·27**	1·05	0·22	**1·09**	0·85	0·24
Edinburgh	**0·69**	0·62	0·07	**0·75**	0·65	0·10	**0·77**	0·61	0·16
Dundee	**0·72**	0·65	0·07	**0·93**	0·82	0·11	**0·82**	0·62	0·20
Aberdeen	**0·37**	0·33	0·04	**0·41**	0·35	0·06	**0·48**	0·38	0·10

In my opinion, too much emphasis should not be laid on comparisons between towns as regards mortality from tuberculosis. Owing to the fact that no census has been taken since 1931, the population at the various age-groups is not accurately known, and it is possible that, if the mortality at the various age-groups were standardised, a different picture might be shown. It is interesting to note the effect of inaccurate statistics in relation to cancer. In the nineteen-twenties, it used to be stated that cancer was more prevalent in east coast as compared with west coast towns, but, when the figures were standardised, this was found not to be the case.

The accompanying chart shows the death-rates since 1856, together with a comparison between Aberdeen and all Scotland.

The death-rate from respiratory tuberculosis in 1948 was 0·33 per 1,000, as compared with a rate of 0·35 in the previous year.

As regards the mortality from tuberculosis other than respiratory, this was 0·04 in 1948, as compared with 0·06 in 1947.

A comparison with the death-rate at the beginning of the century shows a remarkable decline in the tuberculosis mortality, and this is illustrated in the following table:—

	Estimated Population at mid year	Deaths from all causes	Deaths from Tuberculosis	Tuberculosis Death Rate per 100,000	Percentage of Tuberculosis deaths to all deaths
1900 .	150,906	2,866	346	229	12·1
1948 .	188,853	2,098	70	37	3·3

Of the 62 deaths from respiratory tuberculosis, 36 were in males and 26 in females. These were apportioned to the various ten-year age periods as under:—

Deaths from Respiratory Tuberculosis in 1948 in Age and Sex Groups.

Sex	0-5	5-15	15-25	25-35	35-45	45-55	55-65	65 +	Total
Male . .	—	—	3	2	6	9	9	7	36
Female .	—	—	9	5	7	1	2	2	26

Once again there is a considerable preponderance of deaths among males, particularly the middle-aged. One reason for this is the insidious incidence, or so it appears, of respiratory tuberculosis in older men coupled with their all too frequent reluctance to consult their doctors when they are feeling ill, through fear of losing their jobs and their livelihood. They continue at work, putting off the evil day, nor does it occur to them, even though they fear that they have tuberculosis, that they are meanwhile disseminating tuberculous germs all around them. Here, above all, is to be found the really dangerous reservoir of infection in the community. Any future application of mass miniature radiography will have to be concentrated particularly on this group.

As the above table also shows, the other important group in whom tuberculosis takes its toll is women between the ages of 15 and 35. In them, however, the disease usually runs a more acute course; the illness is in consequence more noticeable and is diagnosed within a shorter period of time.

Of the eight deaths from non-respiratory tuberculosis, three were under 15 years of age and the source of infection could not be traced. There follow particulars relating to the site of the disease in these eight cases:—

Tuberculous Meningitis	3
Tuberculous Peritonitis	1
Genito-Urinary Disease	2
Tuberculosis of Spine	1
Tuberculosis of Bones and Joints . . .	1

Notifications.

Table A gives the number of tuberculous cases notified during 1948. These are divided into respiratory and non-respiratory, and arranged according to sex and age period.

Cases and Deaths from Respiratory Tuberculosis, 1940-1948.

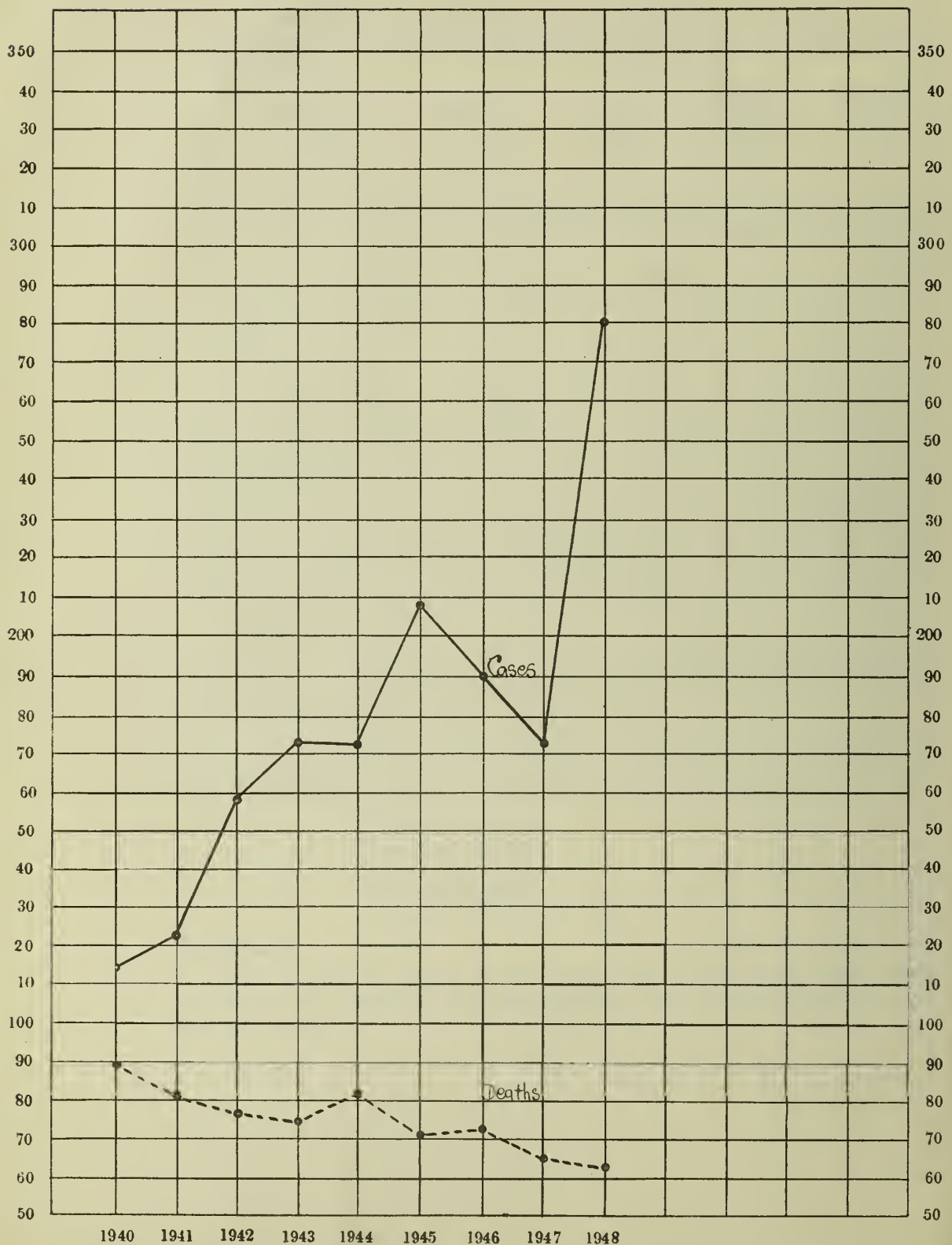


TABLE A.—CASES OF TUBERCULOSIS NOTIFIED IN 1948.

	Number of Cases notified as suffering from Tuberculosis.										Number of Cases notified during year in which diagnosis of Tuberculosis has been confirmed.	
	AGE-GROUPS.											
	Under 1	1-5.	5-10.	10-15.	15-25.	25-35.	35-45.	45-65.	65 upwards.	TOTAL.	Under 15.	15 and upwards
RESPIRATORY.												
1948 Males	2	7	9	7	36	30	19	33	8	**151**	25	125
1948 Females	2	9	4	12	48	27	16	5	5	**128**	27	100
NON-RESPIRATORY.												
1948 Males	—	2	4	1	5	2	2	1	—	**17**	7	9
1948 Females	—	1	1	1	6	5	2	4	—	**20**	3	16
RESPIRATORY AND NON RESPIRATORY.												
1948 Male and Female.....	4	19	18	21	95	64	39	43	13	**316**	62	250

During 1948, 279 cases of respiratory tuberculosis were notified, as against 172 in 1947 and 92 in 1938. The high incidence in 1948 has already been referred to.

The appended graph shows the relative morbidity and mortality from respiratory tuberculosis during the past few years. The graph gives the actual number of cases and deaths.

Thirty-seven cases of other forms of tuberculosis were notified in 1948, as against 53 in 1947 and 57 in 1938.

As regards the site of the disease, in the 37 cases notified as suffering from tuberculosis other than respiratory, 6 were suffering from abdominal tuberculosis, 4 from tuberculous meningitis, 10 from tuberculosis of bones and joints, including the spine, 6 from tuberculous glands, and 11 from generalised and other forms of tuberculosis, including lupus.

Of the 279 notified cases of respiratory tuberculosis, 277 were confirmed.

Table B shows the persons belonging to Aberdeen at 31st December, 1948, who were known to be suffering from tuberculosis. The numbers are 716 respiratory and 131 non-respiratory cases, a total of 847.

B. Number of Persons belonging to Aberdeen at 31st December, 1948, who were known to be Suffering from Tuberculosis.

		Number of Cases in Age-Groups.									
		Under 1.	1 and under 5.	5 and under 10.	10 and under 15.	15 and under 25.	25 and under 35.	35 and under 45	45 and under 65.	65 and upwards.	Total.
Respiratory.											
1. Sputum or other material examined and tubercle bacilli found	Males ...	—	4	4	5	71	80	82	54	11	311
	Females	—	4	5	6	71	76	42	18	1	223
2. Sputum or other material examined and tubercle bacilli never found	Males ...	—	3	2	4	42	19	11	14	—	95
	Females	—	1	2	6	34	20	7	9	—	79
3. Sputum or other material not examined ...	Males ...	—	—	—	2	3	—	1	—	—	6
	Females	—	—	—	—	1	1	—	—	—	2
Total ...		—	12	13	23	222	196	143	95	12	716
Non-respiratory.											
1. Abdominal ..	Males ..	—	—	2	4	5	1	—	—	—	12
	Females	—	1	1	—	5	2	2	—	—	11
2. Spine	Males ...	—	—	2	—	—	—	3	3	—	8
	Females	—	—	2	3	5	3	1	3	—	17
3. Bones and joints (exclusive of spine).....	Males ...	—	2	5	4	6	1	—	2	—	20
	Females	—	—	2	4	5	5	2	—	—	18
4. Superficial glands	Males ...	—	1	2	2	3	2	—	—	—	10
	Females	—	1	1	4	1	—	2	—	—	9
5 Lupus	Males ...	—	—	—	—	2	1	2	—	—	5
	Females	—	1	—	—	—	2	—	—	—	3
6. Other parts or organs	Males ..	—	—	—	—	2	2	2	3	1	10
	Females	—	—	—	—	1	2	4	1	—	8
Total		—	6	17	21	35	21	13	12	1	131
Respiratory and Non-respiratory total		—	18	30	44	257	217	161	107	13	847

Table C gives particulars of those who died during the year 1948, detailing the period which elapsed between notification and death and between discharge from institutions and death. For comparative purposes, the deaths for 1947 are also inserted.

C. Number of Persons who died from Tuberculosis in Aberdeen, with Particulars as to Period elapsing between Notification and Death and between Discharge from an Institution and Death—Year 1948 : 1947.

	Respiratory.		Non-respiratory.	
	Males.	Females.	Males.	Females.
	*	*	*	*
Number of Persons who died from Tuberculosis	36 (44)	26 (21)	3 (6)	5 (6)
of whom—				
Not notified or notified only at or after death	1 (3)	1 (1)	1 (2)	1 (1)
Notified less than 1 month before death	10 (3)	2 (3)	— (—)	1 (2)
,, from 1 to 3 months ,, ,,	4 (4)	2 (2)	1 (1)	1 (—)
,, ,, 3 to 6 ,, ,, ,,	2 (2)	3 (4)	— (—)	1 (1)
,, ,, 6 to 12 ,, ,, ,,	3 (6)	3 (3)	1 (—)	— (1)
,, ,, 1 to 2 years ,, ,,	— (6)	2 (2)	— (—)	1 (—)
,, over 2 years	16 (20)	13 (6)	— (3)	— (1)
Total	36 (44)	26 (21)	3 (6)	5 (6)
Number who died within 28 days after discharge from an institution	— (—)	— (1)	— (—)	— (—)
Number who died more than 28 days after discharge from an institution	4 (11)	10 (2)	— (1)	— (—)

* 1947 Figures in brackets.

Institutional Treatment.

There are 80 beds at the City Hospital and 110 at Woodend Hospital available for the treatment of adult respiratory tuberculosis, and these have all been filled to capacity throughout the year.

About one-third of the beds are, as a rule, occupied by patients from other parts of the North-Eastern Region, or from the Northern Counties, who are undergoing the more specialised forms of treatment.

Cases of bone and joint tuberculosis have been treated mainly at Stracathro Hospital.

Perhaps the most difficult of all problems at present confronting the Tuberculosis Authorities is the constantly precarious situation which exists in the recruitment of nurses for respiratory tuberculosis. The melancholy fact is that prospective nurses, or at any rate their parents, are scared lest they contract tuberculosis in the course of their work. What are the facts? The nurse to-day has shorter working hours, more recreation, and immeasurably better living conditions and amenities than she

had twenty or even ten years ago; she is constantly under close medical supervision with a view to detecting tuberculosis, should it develop, at the earliest possible stage before it really gets a hold and before she knows herself that anything is the matter, and as a result she rarely contracts tuberculosis of serious degree. In view of such considerations, it is surely high time that this very largely irrational fear was dissipated. With a view to still further diminishing the chances of contracting tuberculosis, provision is to be made in the near future for inoculating with B.C.G. vaccine all susceptible nurses, medical students, and others, who may wish it.

Table D gives the number of cases who received treatment under the Tuberculosis Scheme in sanatoria or other institutions.

D. Number of Cases with their Home Residence in Aberdeen who received Treatment in Sanatoria or other Institutions during the Year ended 31st December, 1948.

	Number of Patients.				
	In Institutions on January 1	Admitted during the year	Discharged during the year	Died in Institutions	In Institutions on December 31
Respiratory.					
Adults . . . Males	67	145	91	23	98
Adults . . . Females	67	129	101	14	81
Children . . . Males	1	16	12	—	5
Children . . . Females	1	25	17	—	9
Non-respiratory.					
Adults . . . Males	4	12	12	1	3
Adults . . . Females	3	14	11	4	2
Children . . . Males	—	9	4	2	3
Children . . . Females	9	3	1	1	10
Total . . .	152	353	249	45	211

Thoracic Unit.

The Thoracic Unit set up at Woodend Hospital in April, 1947, though hampered through lack of accommodation, has operated during the entire year, and its work has undoubtedly in many instances been the crucial factor in determining recovery from respiratory tuberculosis. Included among the wide range of operations carried out by the unit were 70 operations for phrenic nerve paralysis, 48 of these being City of Aberdeen patients; 53 thoracoplastic operations on 24 patients—of whom, 12 were City patients; and 68 operations for adhesion section. Of this last group, 41 were City cases.

Artificial Pneumothorax and Pneumoperitoneum.

One hundred and fifty-six patients are in regular attendance at the City Hospital Artificial Pneumothorax Clinic, the majority of these being well and working.

Streptomycin Unit.

The Streptomycin Unit at the City Hospital for the treatment of meningeal and miliary tuberculosis was increased in the course of the year from 5 to 20 beds. The results have since been collated with those of the other four Streptomycin Treatment Centres in Scotland set up by the Department of Health for Scotland and have been published in a special memorandum. It may be said that approximately one out of every three patients suffering from these previously fatal diseases can now be saved, though it is yet too early to state whether the present results can be regarded as final.

Chest Clinic.

As regards out-patient consultations, 1,984 cases from the City and surrounding Counties attended the Chest Clinic at the City Hospital. The total number of attendances during the year was 4,081, excluding 2,096 attendances at the Artificial Pneumothorax Clinic.

Supervision of Cases.

The Tuberculosis Medical Officer had the assistance of three Tuberculosis Health Visitors in the visitation and supervision of patients. The number of visits made by the Health Visitors during the year under review was 6,274.

VENEREAL DISEASES SERVICES.

Under the National Health Service Act, the Venereal Diseases Treatment Centres at the Royal Infirmary and the City Hospital were taken over by the North-Eastern Regional Hospital Board as from 5th July, 1948, but the treatment facilities have been continued on the same basis as formerly, pending any re-organisation considered necessary by the Board.

During 1948, 1,262 patients were entered in the registers of the Treatment Centres in Aberdeen. These patients consisted of 793 cases of one form or other of venereal disease and 469 who were pronounced ultimately to be free from such infection.

Of the 1,262 patients, 1,094 were new cases, *i.e.*, those who had never been treated previously at any other centres for the same infections, and 168 "transfers-in," *i.e.*, those who had first attended centres elsewhere and were later "transferred" to Aberdeen.

As regards the residence of the 1,262 patients, 683—all civilians—were from the City of Aberdeen, and these consisted of 400 venereal and 283 non-venereal cases. From other areas, but chiefly the North-Eastern region of Scotland, came 579 patients, including 60 from H.M. Forces, which comprised 393 venereally and 186 non-venereally infected cases.

These figures relate only to those patients who were attended to at the hospital centres in Aberdeen. They do not include such as were treated privately or those who failed, for various reasons, to seek treatment. The incidence of venereal disease in any community has always been an unknown quantity, and will always remain so.

Nevertheless, there was a reduction in the number of cases of venereal disease during 1948 as compared with 1947. The respective figures, relating to cases from all areas, were 793 for 1948, as against 954 for 1947. The numbers of those ultimately proved to be free from infection were, respectively, 469 and 401.

An encouraging feature is the relatively high proportion of those found to have escaped infection, 469 in 1948, *i.e.*, 37 per cent. of the total. These cases were those who, owing to doubtful or suspicious circumstances, either attended voluntarily for examination or were asked to do so by the staff of the Treatment Centres.

A highly satisfactory degree of co-operation is maintained by the Maternity Services, which keep a close watch on all pregnant women from the aspect of possible venereal infection. Any proved or doubtful cases are referred routinely to the Venereal Diseases Treatment Centres for treatment or observation. Arising from this, there have been detected more cases of congenital syphilis in infants—11 in 1948 as compared with 4 in 1947.

In addition to the 1,262 new registrations for 1948, 1,051 cases were carried forward from previous years, making a total of 2,313 cases under treatment or observation during the year at the centres in Aberdeen. The majority of those carried forward were cases of syphilis, a disease which necessitates multiple attendances on the part of patients for treatment and for periodic examinations.

The accompanying tables and graph give details of the work carried out at the Aberdeen Treatment Centres during 1948 and preceding years.

Table I refers to the new registrations from 1918 onwards, distinguishing between the City of Aberdeen and other areas.

Table II also relates to new registrations—grouped according to the nature of infection and Treatment Centre.

In Table III the new cases are arranged in selected age-groups.

Table IV shows the attendances at the Treatment Centres.

The number of cases receiving in-patient treatment is given in Table V.

JOINT SCHEME FOR TREATMENT OF VENEREAL DISEASES IN CITY OF ABERDEEN AND NORTH-EASTERN COUNTIES—TREATMENT CENTRES AT ABERDEEN ROYAL INFIRMARY AND CITY HOSPITAL.

TABLE I.—NEW REGISTRATIONS. *Years* 1918-1948.

YEAR.	Total No. of New Registrations.*	Aberdeen City.*	Other Areas.*	Non-Civilian (included in foregoing figures).
Average 1918-22 .	727	573	154	—
,, 1923-27 .	735	544	191	—
,, 1928-32 .	1003	753	250	—
,, 1933-37 .	1085	764	321	—
,, 1938-42 .	1280	714	566	684
1943 . . .	1939	963	976	808
1944 . . .	1670	851	819	728
1945 . . .	1903	985	918	830
1946 . . .	2119	1112	1007	345
1947 . . .	1355	740	615	141
1948 . . .	1262	683	579	60

* Combined Civilian and Forces Cases from 1940.

TABLE II.—NEW REGISTRATIONS—NATURE OF INFECTION.

(A) From all Areas—Combined Civilian and Forces Cases.

Year	Treatment Centre	Total	Syphilis	Gonorrhœa	Soft Chancre	N.S.V.D.	Conditions other than Venereal
1948	Royal Infirmary . .	1,149	244	295	11	168	431
	City Hospital . .	113	46	10	—	19	38
	Both Centres .	1,262	290	305	11	187	469
1947	Do. . . .	*1,355*	*339*	*335*	*8*	*272*	*401*

(B) From City of Aberdeen—Civilian Cases only.

1948	Both Centres . .	683	151	140	6	103	283
1947	Do. . . .	*735*	*171*	*153*	—	*162*	*249*

TABLE III.—NEW CASES OF VENEREAL INFECTIONS, ACCORDING TO AGE (ALL AREAS)—1948 : 1947.

Age	*Syphilis		Gonorrhœa		Soft Sore		Non-specific		TOTAL 1948		TOTAL 1947		Congenital Syphilis 1948		Congenital Syphilis 1947	
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
Under 1 year .	4	7	—	—	—	—	—	—	4	7	*5*	*1*	4	7	*4*	—
1—4 years .	1	—	—	1	—	—	—	—	1	1	*1*	*2*	1	—	*1*	*1*
5-14 do.	2	1	—	1	—	—	—	1	2	3	*1*	*3*	2	1	*1*	*2*
15-24 do.	29	19	77	11	3	—	53	19	162	49	*176*	*74*	3	2	*2*	*3*
25-34 do.	28	25	90	18	4	—	50	7	172	50	*213*	*74*	—	4	*1*	*7*
35 and over .	51	26	50	5	—	—	43	3	144	34	*164*	*35*	—	2	*2*	—
Total **1948** .	**115**	**78**	**217**	**36**	**7**	—	**146**	**30**	**485**	**144**	*560*	*189*	**10**	**16**	*11*	*13*
Total 1947 .	*131*	*92*	*228*	*44*	*5*	—	*196*	*53*	*560*	*189*	—	—	—	—	—	—

*Includes Congenital Syphilis.

TABLE IV.—ATTENDANCES AT TREATMENT CENTRES FROM ALL AREAS.

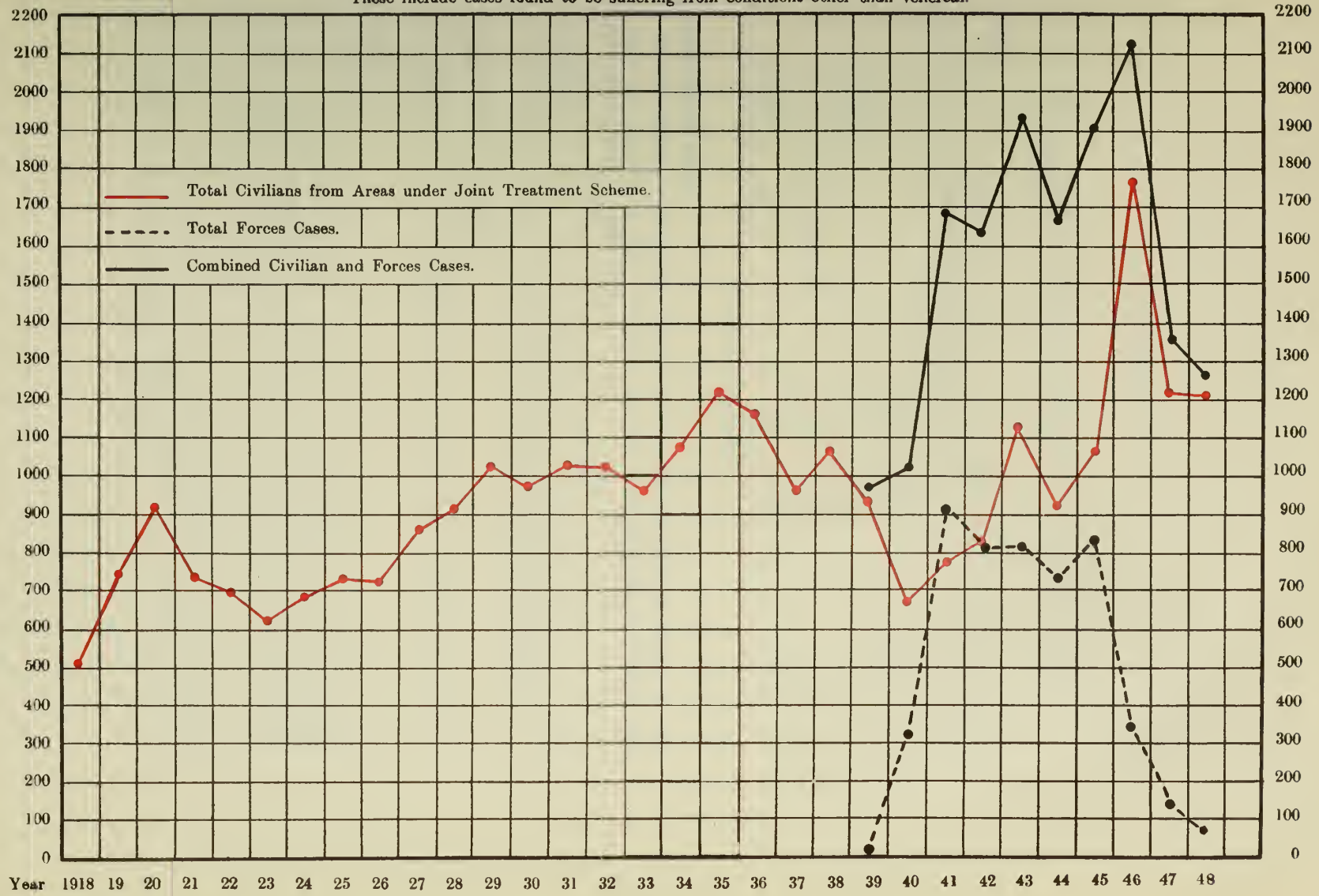
Year	Treatment Centre	Total	Syphilis		Gonorrhœa		Soft Chancre		N.S.V.D.		Conditions other than Veneral	
			M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
1948	Royal Infirmary . .	**16,130**	6075	4331	1850	731	57	—	865	266	1344	611
	City Hospital .	**1,640**	552	773	59	17	1	—	80	30	83	45
	Both Centres . .	**17,770**	6627	5104	1909	748	58	—	945	296	1427	656
1947	Do. . . .	*19,937*	*7007*	*5617*	*2341*	*900*	*25*	—	*1529*	*755*	*928*	*835*

TABLE V.—IN-PATIENT CASES FROM ALL AREAS.

Year	Total	Syphilis		Gonorrhœa		Soft Chancre		N.S.V.D.		Conditions other than Venereal	
		M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
1948	**178**	76	66	12	4	—	—	8	1	7	4
1947	*204*	*96*	*60*	*19*	*4*	*3*	—	*6*	*9*	*4*	*3*

Yearly New Registrations at Aberdeen Royal Infirmary and City Hospital Treatment Centres.

These include cases found to be suffering from conditions other than venereal.



SECTION V.

I.—INFECTIOUS DISEASES—MORBIDITY AND MORTALITY.

General.

In 1948, the outstanding variations in the number of infectious cases brought to the notice of the Health and Welfare Department, as compared with the previous year, were as under:—

	1948	1947	Increase	Decrease
Dysentery	137	13	124	—
Diphtheria	4	9	—	5
Scarlet Fever	252	205	47	—
Acute Primary Pneumonia	444	404	40	—
Acute Poliomyelitis	5	48	—	43
*Measles	199	527	—	328
*Whooping Cough	194	176	—	18

* Voluntary notification.

Cerebro-Spinal Fever.

Of this disease, 5 cases with 2 deaths were notified in 1948, as compared with 12 cases and 2 deaths in 1947. In 1948, the fatal cases occurred in children aged 9 years and 11 years, respectively.

Chickenpox.

During 1948, 62 cases of this disease were brought to the knowledge of the Health Department. This disease is not at present compulsorily notifiable.

Continued Fever (Undulant).

In 1948, 1 case of undulant fever was notified and received institutional treatment.

Diphtheria.

The number of confirmed cases of this disease in 1948 was 4, as compared with 9 in 1947. During the decennium 1938-1947, it is noted that the maximum number occurred in 1940, when 586 cases were notified. The record which was established in 1946 in connection with diphtheria mortality was maintained in 1947 and 1948, it being gratifying to report that there were no deaths from diphtheria during these years. In 1940, there were 21 deaths from the disease.

Of the 4 cases in 1948, 3 occurred in adults who had not been immunised. In the remaining case—a child of 2 years—no definite information was obtained as to whether the child had been fully immunised.

Of 8 contacts examined bacteriologically, one of the swabbings gave a positive finding in 1948.

The accompanying chart gives the attack incidence, the case mortality and death-rate from 1882 to 1948.

Diphtheria Immunisation.

Details relating to the arrangements made by the Corporation, under the National Health Service Act, for carrying out diphtheria immunisation are given in Section III of this Report, as also the statistics of the work done during the year under review.

Dysentery.

In 1948, there were 137 notifications of this disease, as compared with 13 in 1947 and an annual average of 223 in the decennium 1938-1947. One death occurred in 1948—in an infant. In the preceding decennium the average annual number of deaths was 4.

Encephalitis Lethargica.

No cases in 1948.

Erysipelas.

There were 64 cases of erysipelas in 1948, as compared with an annual average of 97 in the preceding decennium. There were no deaths in 1948.

Infective Jaundice.

During the year there were 10 confirmed cases of this disease. With one exception—an iceworker—all the cases had been employed in the handling of fish or fish boxes. Three of the cases proved fatal. In 1947, there were 6 confirmed cases but none proved fatal.

Measles.

Compulsory notification of this disease in Aberdeen was discontinued in 1903. In 1948, 199 cases were reported by school welfare officers, teachers and general practitioners. There was one death in a child of 1 year. During 1947, 527 cases were voluntarily notified. Three deaths occurred in children under 1 year in 1947.

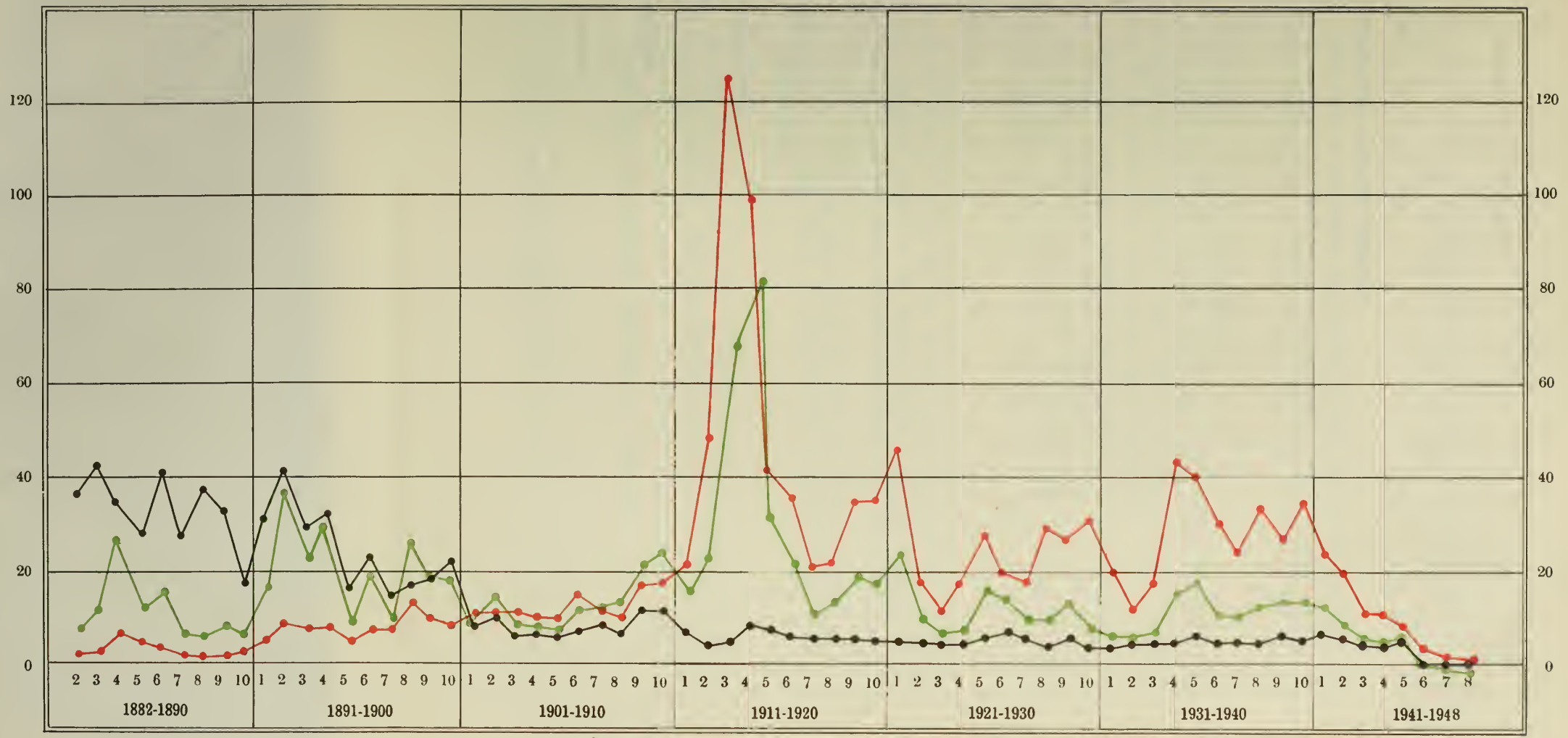
Ophthalmia Neonatorum.

During 1948, 3 cases of this disease were notified. In the 1938-1947 decennium the average number of cases was 20.

Pneumonia, Acute Influenzal.

Of this disease, 7 cases were notified in 1948, as compared with 4 cases in the preceding year. Three deaths were registered from this cause in 1948.

ABERDEEN



DIPHTHERIA— { Attack Incidence (per 10,000 of population)
Case Mortality (per 100 cases)
Deaths per 100,000 of population } in each year 1882-1948

Pneumonia, Acute Primary.

During 1948, 444 cases were notified. There were 42 deaths. During the preceding 10 years the annual average number of cases was 399, the annual average number of deaths being 49. Of the 444 cases in 1948, 384 or 86 per cent. received institutional treatment.

Poliomyelitis (Infantile Paralysis).

Five cases of this disease were notified in 1948, but none proved fatal. Two of the cases were under 5 years of age; the other three were in age-group 5-15. In the preceding year, which was an epidemic year, 48 cases were notified and there were 6 deaths.

Puerperal Fever and Puerperal Pyrexia.

During 1948, 59 cases of puerperal fever and puerperal pyrexia were notified.

Twenty-five cases were confirmed as suffering from puerperal fever. No deaths were registered from this cause in 1948. The annual average number of cases and deaths in the preceding ten years was 35 and 3, respectively.

Thirty-four cases were classified as cases of puerperal pyrexia. In the preceding ten years the annual average number of cases was 30.

For further details regarding puerperal fever and puerperal pyrexia reference should be made to the section of the Report dealing with the Maternity and Child Welfare Services.

Scabies.

A circular, dated 9th January, 1948, was received from the Department of Health for Scotland stating that the Scabies Order (Scotland), 1941, conferring certain emergency powers to the Medical Officer of Health in regard to the treatment of scabies and verminous conditions ceased to operate on 31st December, 1947.

In 1948, 767 persons were treated for scabies or other skin affections at the City Hospital Cleansing Station, as compared with an annual average of 2,764 in the preceding five years.

Scarlet Fever.

In 1948, 252 cases were notified, as against an annual average of 326 cases in the decennium 1938-1947. There was one fatal case in 1948—a child of 13 months.

Smallpox.

Aberdeen has remained free from smallpox since 1930.

Vaccinia.

Compulsory vaccination against smallpox was abolished as from 5th July, 1948, but the National Health Service Act places on local health authorities the duty of making arrangements for vaccination.

The arrangements made by the Corporation for carrying out vaccination are detailed in Section III of this Report. For the period from 5th July to 31st December, 1948, 803 primary vaccinations and 89 re-vaccinations were intimated.

Tuberculosis.

There were notified in 1948, 316 cases of tuberculosis, as compared with 225 in 1947 and an annual average of 207 cases in the 1938-1947 decennium. Seventy deaths occurred in 1948, as against 77 in 1947 and an average of 95 in the decennium referred to.

Tuberculosis is analysed in detail, both as regards the incidence and mortality, in Section IV.

Typhoid and Paratyphoid Fevers.

No cases of typhoid fever were notified in 1948. Thirty cases of paratyphoid B fever were reported, 28 of which are referred to in the following outbreak. The other two cases occurred in May, but were not associated with this outbreak or with one another.

INVESTIGATION INTO OUTBREAK OF PARATYPHOID B FEVER.

On 9th November, 1948, the medical practitioners in the City were notified by the Medical Officer of Health that several cases of paratyphoid fever had occurred in widely separated parts of the City, and asking for their co-operation.

In all, there were 28 proved cases—11 males and 17 females. None proved fatal.

Epidemiology.

Twenty-four of the cases sickened between 23rd October and 5th November. It appeared probable, therefore, that the patients must have had a common source of infection. Of the 28 cases, 23 were from separate households. The remaining 5 cases were from two households, 3 occurring in one household and 2 in the other.

The age and sex distribution were as follows:—

	1—10	11—20	21—30	31—40	Total
Male . . .	3	3	3	2	11
Female . . .	5	4	7	1	17
Total . . .	8	7	10	3	28

Source of Infection.

As the result of various enquiries at the infected households, it was elicited that the common factor appeared to be bread or buns from a certain bakery or at its branches. The bakehouse was visited and the two bakers employed in the preparation of the bread were medically examined, found to be in apparent good health, but specimens were taken for bacteriological examination. On bacteriological examination, it was found that they were temporary "carriers," and they were

admitted to hospital. Specimens from the assistants in the shop attached to the bakery were then obtained, and in two cases the results were positive. These two assistants were also admitted to hospital. One had been attending her family doctor for a "run-down condition," but the other case had only recently been employed in that shop. Both assistants had been bread consumers.

Ultimately, it was definitely established that one of the bakers above mentioned was the origin of the outbreak. He had been employed with the same firm as a baker for a period of 28 years, and at no time did he appear to be ill.

Clinical History.

As already stated, there were 28 proved cases; 13 cases admitted to hospital for clinical reasons were proved not to have paratyphoid. Of the 28 cases, 6 patients were really ill and had toxic symptoms. Many of the others were very slightly ill, if ill at all.

Stage of Illness of actual Cases when admitted to the City Hospital.

Cases were admitted to the City (Fever) Hospital as follows:—

7	cases	were	admitted	in 1st	week of illness.
14	,,	,,	2nd	,,	,,
7	,,	,,	3rd	,,	,,

Two patients were admitted from the Royal Aberdeen Hospital for Sick Children, one having been admitted there with symptoms indicative of appendicitis, and the other for observation. A case was transferred from Woodend Hospital, and another—a nurse—from Morningfield Hospital. No further cases were admitted from these institutions.

Typhus Fever.

No cases.

Venereal Diseases.

A detailed analysis of these cases is given in Section IV of this Report.

Whooping Cough.

During 1948, 194 cases were voluntarily reported, with 2 deaths, as against an average of 246 cases and 5 deaths in the preceding decennium. The deaths in 1948 occurred in children under 1 year of age.

Whooping cough immunisation among infants and pre-school children is carried out at the various Child Welfare Centres and at home by general practitioners. During 1948, the number of children so immunised was 2,379.

The following tables deal with the various infectious diseases. Table I shows the seasonal variations in the prevalence of each infectious disease, whether compulsorily notifiable or not. In Table II are given the morbidity and mortality from infectious diseases, distributed according to age, and also the location of treatment. In Table III the cases and deaths are detailed for each of the years from 1938 to 1948:—

Table I.—Progress of Infectious Diseases during Twelve Months—Year, 1948.

Disease.		1948. Jan.	Feb.	Mar.	Apr.	May.	June.	July.	Aug.	Sept.	Oct.	Nov.	Dec.	Whole Year.
Cerebro-spinal Fever	Cases	1	—	—	1	—	—	—	—	—	1	1	1	5
	Deaths	—	—	—	*1*	—	—	—	—	—	—	—	*1*	*2*
*Chickenpox	Cases	10	8	7	11	4	3	2	12	—	—	1	4	62
	Deaths	—	—	—	—	—	—	—	—	—	—	—	—	—
Continued Fever (Undulant)	Cases	—	—	1	—	—	—	—	—	—	—	—	—	1
	Deaths	—	—	—	—	—	—	—	—	—	—	—	—	—
Diphtheria	Cases	1	2	—	—	—	—	—	—	—	—	1	—	4
	Deaths	—	—	—	—	—	—	—	—	—	—	—	—	—
Dysentery	Cases	22	31	26	16	5	6	5	9	5	4	5	3	137
	Deaths	—	—	*1*	—	—	—	—	—	—	—	—	—	*1*
Encephalitis Lethargica	*Cases*	—	—	—	—	—	—	—	—	—	—	—	—	—
	Deaths	—	—	—	—	—	—	—	—	—	—	—	—	—
Erysipelas	Cases	8	6	7	5	3	4	9	2	5	5	7	3	64
	Deaths	—	—	—	—	—	—	—	—	—	—	—	—	—
Jaundice, Acute Infective	Cases	—	1	1	1	1	2	1	1	2	—	—	—	10
	Deaths	—	*1*	*1*	—	—	*1*	—	—	—	—	—	—	*3*
Malaria	Cases	—	1	—	1	—	1	—	1	—	—	—	—	4
	Deaths	—	—	—	—	—	—	—	—	—	—	—	—	—
*Measles	Cases	14	28	6	13	55	60	18	3	—	—	—	2	199
	Deaths	—	—	—	—	*1*	—	—	—		—	—	—	*1*
Ophthalmia Neonatorum	Cases	—	2	—	1	—	—	—	—	—	—	—	—	3
Plague	Cases	—	—	—	—	—	—	—	—	—	—	—	—	—
	Deaths	—	—	—	—	—	—	—	—	—	—	—	—	—
Pneumonia, Acute Primary	Cases	37	42	40	48	47	25	20	17	34	29	30	75	444
	Deaths	*3*	*6*	*3*	*5*	*3*	*3*	*2*	*5*	*?*	*5*	*4*	*1*	*42*
Pneumonia Acute Influenzal	Cases	1	1	1	—	—	—	—	—	1	—	1	2	7
	Deaths	*1*	—	—	—	—	—	—	—	*1*	—	*1*	—	*3*
Poliomyelitis, Acute	Cases	1	—	—	—	—	—	—	—	—	2	—	2	5
	Deaths	—	—	—	—	—	—	—	—	—	—	—	—	—
Puerperal Fever	Cases	2	3	3	5	2	1	1	—	2	4	2	—	25
	Deaths	—	—	—	—	—	—	—	—	—	—	—	—	—
Puerperal Pyrexia	Cases	1	2	5	4	1	1	8	4	—	—	4	4	34
Scarlet Fever	Cases	21	17	19	21	16	19	20	18	23	26	21	31	252
	Deaths	—	—	—	—	—	*1*	—	—	—	—	—	—	*1*
Smallpox	Cases	—	—	—	—	—	—	—	—	—	—	—	—	—
	Deaths	—	—	—	—	—	—	—	—	—	—	—	—	—
Tuberculosis, Respiratory	Cases	29	23	20	20	31	18	17	31	22	16	23	29	279
	Deaths	*10*	*6*	*6*	*2*	*3*	*4*	*5*	*3*	*7*	*2*	*7*	*7*	*62*
Tuberculosis, Non-respiratory	Cases	2	6	5	2	1	6	2	2	3	1	2	5	37
	Deaths	*1*	*1*	—	—	*1*	*1*	*1*	—	*1*	*1*	*1*	—	*8*
Typhoid Fever	Cases	—	—	—	—	—	—	—	—	—	—	—	—	—
	Deaths	—	—	—	—	—	—	—	—	—	—	—	—	—
Para-Typhoid A.	Cases	—	—	—	—	—	—	—	—	—	—	—	—	—
	Deaths	—	—	—	—	—	—	—	—	—	—	—	—	—
Para-Typhoid B.	Cases	—	—	—	—	2	—	—	—	—	1	26	1	30
	Deaths	—	—	—	—	—	—	—	—	—	—	—	—	—
Typhus Fever	Cases	—	—	—	—	—	—	—	—	—	—	—	—	—
	Deaths	—	—	—	—	—	—	—	—	—	—	—	—	—
*Whooping Cough	Cases	23	34	32	35	31	11	3	3	4	8	6	4	194
	Deaths	—	—	—	*1*	—	*1*	—	—	—	—	—	—	*2*
Total	Cases	173	207	173	184	199	157	106	103	101	97	130	166	1796
	Deaths	*15*	*14*	*11*	*9*	*8*	*11*	*8*	*8*	*11*	*8*	*13*	*9*	*125*
Influenza, excl. Influenzal Pneumonia	*Deaths*	*1*	—	—	—	—	—	—	—	—	—	—	—	*1*

*Not compulsorily notifiable.

TABLE II.—MORBIDITY AND MORTALITY FROM INFECTIOUS DISEASES DURING 1948.

DISEASE		No. of Cases and Deaths at various Age-Periods								Cases Receiving Institutional Treatment			Cases not receiving Institutional Treatment
		At all Ages	Years: Under 1	1-5	5-15	15-25	25-45	45-65	65 +	City Fever Hospital	Woodend General Hospital	Other Institutions	
Cerebro-spinal Fever	Cases	5	1	1	2	—	—	1	—	4	—	1	—
	Deaths	*2*	—	—	*2*	—	—	—	—	*1*	—	*1*	—
*Chicken Pox	Cases	62	15	29	13	5	—	—	—	61	—	—	1
	Deaths	—	—	—	—	—	—	—	—	—	—	—	—
Cholera	Cases	—	—	—	—	—	—	—	—	—	—	—	—
	Deaths	—	—	—	—	—	—	—	—	—	—	—	—
Continued Fever (undulant)	Cases	1	—	—	—	—	1	—	—	1	—	—	—
	Deaths	—	—	—	—	—	—	—	—	—	—	—	—
Diphtheria	Cases	4	—	1	—	—	2	1	—	4	—	—	—
	Deaths	—	—	—	—	—	—	—	—	—	—	—	—
Dysentery	Cases	137	13	43	26	8	26	13	8	62	—	12	63
	Deaths	*1*	*1*	—	—	—	—	—	—	*1*	—	—	—
Encephalitis Lethargica	Cases	—	—	—	—	—	—	—	—	—	—	—	—
	Deaths	—	—	—	—	—	—	—	—	—	—	—	—
Erysipelas	Cases	64	1	—	5	5	13	27	13	35	—	1	28
	Deaths	—	—	—	—	—	—	—	—	—	—	—	—
Infective Jaundice	Cases	10	—	—	—	3	5	1	1	10	—	—	—
	Deaths	*3*	—	—	—	—	*3*	—	—	*3*	—	—	—
Malaria	Cases	4	—	—	—	—	3	1	—	4	—	—	—
	Deaths	—	—	—	—	—	—	—	—	—	—	—	—
*Measles	Cases	199	7	43	146	2	1	—	—	61	—	—	138
	Deaths	*1*	—	*1*	—	—	—	—	—	*1*	—	—	—
Ophthalmia Neonatorum	Cases	3	3	—	—	—	—	—	—	1	—	—	2
Plague	Cases	—	—	—	—	—	—	—	—	—	—		—
	Deaths	—	—	—	—	—	—	—	—	—	—	—	—
Pneumonia, Acute Influenzal	Cases	7	—	1	—	—	2	2	2	—	—	—	7
	Deaths	*3*	—	—	—	—	—	*1*	*2*	—	—	—	*3*
Pneumonia, Acute Primary	Cases	444	70	84	60	29	54	79	68	214	157	13	60
	Deaths	*42*	*13*	*1*	*1*	—	—	*8*	*19*	*14*	*21*	*3*	*4*
Poliomyelitis, Acute	Cases	5	—	2	3	—	—	—	—	3	—	—	2
	Deaths	—	—	—	—	—	—	—	—	—	—	—	—
Puerperal Fever	Cases	25	—	—	—	10	15	—	—	25	—	—	—
	Deaths	—	—	—	—	—	—	—	—	—	—	—	—
Puerperal Pyrexia	Cases	34	—	—	—	12	15	7	—	33	—	1	—
Scarlet Fever	Cases	252	—	95	140	10	4	2	1	192	—	—	60
	Deaths	*1*	—	*1*	—	—	—	—	—	*1*	—	—	—
Small-pox	Cases	—	—	—	—	—	—	—	—	—	—	—	—
	Deaths	—	—	—	—	—	—	—	—	—	—	—	—
Tuberculosis Pulmonary	Cases	279	4	16	32	84	92	38	13	125	95	28	31
	Deaths	*62*	—	—	—	*12*	*20*	*21*	*9*	*12*	*17*	*8*	*25*
Tuberculosis Non-pulmonary	Cases	37	—	3	7	11	11	5	—	7	8	15	7
	Deaths	*8*	—	*1*	*2*	*1*	*2*	*2*	—	*3*	*2*	*3*	—
Typhoid Fever	Cases	—	—	—	—	—	—	—	—	—	—	—	—
	Deaths	—	—	—	—	—	—	—	—	—	—	—	—
Paratyphoid A	Cases	—	—	—	—	—	—	—	—	—	—	—	—
	Deaths	—	—	—	—	—	—	—	—	—	—	—	—
Paratyphoid B	Cases	30	—	3	7	13	6	1	—	30	—	—	—
	Deaths	—	—	—	—	—	—	—	—	—	—	—	—
Typhus Fever	Cases	—	—	—	—	—	—	—	—	—	—	—	—
	Deaths	—	—	—	—	—	—	—	—	—	—	—	—
*Whooping Cough	Cases	194	21	26	147	—	—	—	—	45	—	—	149
	Deaths	*2*	*2*	—	—	—	—	—	—	*2*	—	—	—
Total	Cases	1796	135	347	588	192	250	178	106	917	260	71	548
	Deaths	*125*	*16*	*4*	*5*	*13*	*25*	*32*	*30*	*38*	*40*	*15*	*32*

* Not compulsorily notifiable.

TABLE III.—MORBIDITY AND MORTALITY FROM INFECTIOUS DISEASES DURING EACH YEAR FROM 1938 TO 1948.

Disease.		1948	1947	1946	1945	1944	1943	1942	1941	1940	1939	1938	ANNUAL AVERAGE 1938 to 1947.
Cerebro-Spinal Fever	Cases	5	12	28	25	8	16	20	51	94	4	7	26·5
	Deaths	*2*	*2*	*0*	*3*	*0*	*8*	*3*	*5*	*14*	*1*	*3*	*3·9*
*Chickenpox	Cases	62	23	60	14	36	44	60	18	31	25	63	37·4
	Deaths	*0*	*0*	*0*	*0*	*0*	*0*	*0*	*0*	*0*	*0*	*0*	*0·0*
Continued Fever (Undulant)	Cases	1	3	4	1	1	1	9	2	0	0	1	2·2
	Deaths	*0*	*0*	*0*	*0*	*0*	*0*	*1*	*0*	*0*	*0*	*0*	*0·1*
Diphtheria	Cases	4	9	68	136	153	156	331	372	586	472	567	285·0
	Deaths	*0*	*0*	*0*	*9*	*5*	*5*	*15*	*19*	*21*	*22*	*19*	*11·5*
Dysentery	Cases	137	13	100	331	83	335	396	248	198	83	446	223·3
	Deaths	*1*	*0*	*0*	*3*	*5*	*6*	*10*	*8*	*5*	*2*	*3*	*4·2*
Encephalitis Lethargica	Cases	0	0	0	0	0	0	1	1	0	2	2	0·6
	Deaths	*0*	*0*	*0*	*0*	*0*	*0*	*1*	*1*	*0*	*1*	*3*	*0·6*
Erysipelas	Cases	64	65	104	79	54	90	114	92	110	122	143	97·3
	Deaths	*0*	*0*	*2*	*2*	*0*	*1*	*2*	*0*	*1*	*2*	*3*	*1·3*
Infective Jaundice	Cases	10	6	6	4	4	6	10	17	13	23	23	11·2
	Deaths	*3*	*0*	*2*	*0*	*0*	*1*	*0*	*3*	*1*	*1*	*2*	*1·0*
Malaria	Cases	4	9	23	0	0	1	1	0	4	0	3	4·1
	Deaths	*0*	*0*	*0*	*0*	*0*	*0*	*0*	*0*	*0*	*0*	*0*	*0·0*
*Measles	Cases	199	527	500	887	245	501	528	136	1571	21	1477	639·3
	Deaths	*1*	*3*	*0*	*3*	*0*	*2*	*4*	*4*	*12*	*0*	*18*	*4·6*
Ophth. Neonatorum	Cases	3	7	6	3	6	8	7	12	22	47	82	20·0
Plague	Cases	0	0	0	0	0	0	0	0	0	0	0	0·0
	Deaths	*0*	*0*	*0*	*0*	*0*	*0*	*0*	*0*	*0*	*0*	*0*	*0·0*
Pneumonia, Acute Influenzal	Cases	7	4	13	3	12	56	1	19	19	27	4	15·8
	Deaths	*3*	*2*	*7*	*0*	*2*	*27*	*1*	*4*	*10*	*9*	*1*	*6·3*
Pneumonia, Acute Primary	Cases	444	404	379	347	424	447	374	423	475	343	377	399·3
	Deaths	*42*	*53*	*38*	*34*	*40*	*50*	*46*	*41*	*68*	*51*	*70*	*49·1*
Poliomyelitis, Acute	Cases	5	48	1	0	20	1	0	2	3	1	6	8·2
	Deaths	*0*	*6*	*0*	*0*	*2*	*0*	*0*	*0*	*0*	*0*	*0*	*0·8*
Puerperal Fever	Cases	25	42	52	37	24	40	15	27	34	32	50	35·3
	Deaths	*0*	*1*	*1*	*2*	*1*	*2*	*5*	*3*	*2*	*1*	*7*	*2·5*
Puerperal Pyrexia	Cases	34	33	26	4	13	19	41	30	46	38	51	30·1
Scarlet Fever	Cases	252	205	465	316	202	231	234	179	266	276	883	325·7
	Deaths	*1*	*0*	*0*	*0*	*0*	*1*	*0*	*0*	*0*	*2*	*1*	*0·4*
Smallpox	Cases	0	0	0	0	0	0	0	0	0	0	0	0·0
	Deaths	*0*	*0*	*0*	*0*	*0*	*0*	*0*	*0*	*0*	*0*	*0*	*0·0*
Tuberculosis, Pulmonary	Cases	279	172	190	207	171	173	158	122	115	116	92	151·6
	Deaths	*62*	*65*	*71*	*70*	*82*	*74*	*76*	*80*	*87*	*68*	*67*	*74·0*
Tuberculosis, Non-Pulmonary	Cases	37	53	50	48	63	58	61	64	55	42	57	55·1
	Deaths	*8*	*12*	*12*	*15*	*34*	*26*	*31*	*23*	*18*	*17*	*18*	*20·6*
Typhoid and Para-typhoid Fevers	Cases	30	6	2	7	3	0	3	11	15	13	4	6·4
	Deaths	*0*	*1*	*0*	*0*	*0*	*0*	*0*	*1*	*0*	*0*	*1*	*0·3*
Typhus Fever	Cases	0	0	0	0	0	0	0	0	0	0	0	0·0
	Deaths	*0*	*0*	*0*	*0*	*0*	*0*	*0*	*0*	*0*	*0*	*0*	*0·0*
*Whooping Cough	Cases	194	176	151	195	346	165	243	321	369	33	458	245·7
	Deaths	*2*	*5*	*3*	*4*	*2*	*3*	*5*	*7*	*12*	*0*	*13*	*5·4*
Influenza, excl. Influenzal Pneumonia	*Deaths*	*1*	*0*	*2*	*7*	*5*	*20*	*3*	*10*	*18*	*19*	*4*	*8·8*

*Not compulsorily notifiable.

II.—LABORATORY SERVICES.

City Hospital, Aberdeen.

The following statement in detail gives the numbers and results of examinations carried out at the Regional Laboratory, City Hospital, Aberdeen. The figures include bacteriological investigations not only in connection with domiciliary cases in the City, but also in respect of cases being treated in City Institutions:—

	Positive	Negative	Total	Grand Total
Bacillary Dysentery—				
Fæces	200	1,287	1,487	1,487
Weil's Disease—				
Blood agglutinations	—	—	56	56
Undulant Fever—				
Blood agglutinations	—	—	151	151
Glandular Fever—				
Paul Bunnell Test	—	—	41	41
Biochemical Examinations—				
Bloods	—	—	1,863	
Urines	—	—	186	
Fæces	—	—	1,176	
Gastric contents	—	—	257	
Miscellaneous	—	—	18	
			——	3,500
Hæmatological—				
Blood counts	—	—	2,067	
Differential cell counts	—	—	961	
			——	3,028
Amœbic Dysentery—				
Fæces	—	—	86	86
Waters—				
Bacteriological examinations of waters	—	—	476	
Chemical examinations of waters	—	—	5	
Swimming bath waters	—	—	274	
			——	755
Whooping Cough—				
Throat swabs	—	—	1	1
		Carry forward		9,105

	Positive	Negative	Total	Grand Total
		Brought forward	. .	9,105
Tuberculosis—				
Sputum	1,002	3,721	4,723	
Fæces	1	7	8	
Urines	—	29	29	
Pus	16	66	82	
Chest Fluids	10	68	78	
Cerebro-spinal fluids	5	44	49	
Gastric contents	1	90	91	
			——	5,060
Venereal Diseases—				
Bloods for Wassermann reactions	754	6,004	6,758	
Bloods for Laughlen Tests	958	5,804	6,762	
Pus Smears for Gonococci	143	1,751	1,894	
Bloods for gonococcal complement fixation tests	2	89	91	
Serum for spirochætes	1	2	3	
Cerebro-spinal fluids for Wassermann reactions	68	467	535	
			——	16,043
Diphtheria—				
Throat, nose and ear swabs	12	2,021	2,033	2,033
Puerperal Fever—				
Blood cultures	—	—	66	
Pus	—	—	149	
			——	215
Enteric and Food Poisoning—				
Blood cultures	—	—	106	
Widals	—	—	351	
Fæces	—	—	547	
Urines	—	—	172	
Food Stuffs	—	—	14	
Bile	—	—	1	
Miscellaneous	—	—	1	
			——	1,192
General Examinations—				
Worms and ova	—	—	34	
Bloods for malaria	—	—	37	
Seminal fluids	—	—	13	
Histological specimens	—	—	575	
Vaccines	—	—	4	
Ophthalmia neonatorum	—	32	32	
Throat swabs for Vincent's bacilli	—	—	84	
Throat, nose and ear swabs for organisms	—	—	2,123	
Sputum for organisms	—	—	496	
Pus for organisms	—	—	568	
Cervical swabs for organisms	—	—	138	
Blood cultures	—	—	209	
		Carry forward	. .	33,648

	Positive	Negative	Total	Grand Total
	Brought forward		. .	33,648
General Examinations—continued—				
Cerebro-spinal fluids (other than tuberculous or luetic)	—	—	1,025	
Teeth swabs	—	—	2	
Eye swabs	—	—	105	
Fæces for organisms	—	—	844	
Urines for pathological examination .	—	—	2,673	
Urines for bacteriological examinations .	—	—	1,550	
Blood for blood grouping	—	—	260	
Cerebro-spinal fluid for streptomycin estimations	—	—	168	
Chemical—Miscellaneous	—	—	17	
Blood titre for B. coli	—	—	3	
Blood for cold agglutinins . . .	—	—	3	
Chemical examination—Weed killer .	—	—	2	
Do. Do. Paint samples .	—	—	6	
Do. Do. Water for chlorine	—	—	1	
Do. Do. Bleaching powder	—	—	1	
Do. Do. Petrol . .	—	—	5	
Miscellaneous	—	—	5	
			——	10,983
Autopsies	—	—	122	122
Milk—				
Bacteriological examination of milks .	—	—	60	
Milks for methylene blue test . . .	—	—	489	
Milk for phosphatase test	—	—	349	
Milks for fat estimation	—	—	541	
Milks for organisms	—	—	7	
Empty milk bottles for organisms . .	—	—	6	
			——	1,452
Ice Cream—				
Bacteriological examination of ice cream	—	—	98	
Ice cream for fat estimation . . .	—	—	80	
			——	178
Animal Inoculations—				
Human specimens inoculated into guinea pigs for tubercle bacilli . . .	—	—	680	
Cultures of C. diphtheriæ inoculated into guinea pigs for virulence test . .	—	—	1	
Urines inoculated into rabbits for pregnancy tests	—	—	138	
Urines inoculated into toads for pregnancy tests	—	—	41	
Sputum inoculated into rabbits for monilia	—	—	1	
Blood inoculated into guinea pigs for L. icterohæmorrhagiæ	—	—	14	
			——	875
				47,258

Analysis under the Food and Drugs (Adulteration) Act.

In 1948 the number of samples analysed under the Food and Drugs (Adulteration) Act was 779, as compared with 647 in 1947.

SECTION VI.

MENTAL HEALTH SERVICES.

The Corporation have outlined the scope of their responsibilities as to Mental Health Services in their Proposals which they submitted to, and were approved by, the Secretary of State for Scotland. The Corporation have no longer any responsibility for institutional accommodation, but on them devolve the ascertainment, the care, and after-care of patients in their own homes.

The certification of insane persons is carried out by general practitioners, under arrangements with the Executive Council. Where a person certified as insane is placed under guardianship or boarded out, or liberated on probation from a Mental Hospital, the Regional Hospital Board will meet the cost of his maintenance, but the Board have asked the Corporation to assist them meantime in the discharge of these functions. In the case of mental defectives under guardianship, the responsibility for making arrangements for, and meeting the expenses of, guardianship continues to rest with the Education Committee of the children who are between 5 and 16 years and are educable, and with the Health and Welfare Committee in all other cases. In carrying out his duties relating to mental illness and mental deficiency, the Medical Officer of Health and his medical staff have the assistance of the Professor of Mental Health, the Medical Superintendents of Kingseat Mental Hospital and of the Royal Mental Hospital, and the Medical Officer for Mental Health, employed by the Regional Hospital Board.

The new Health Act provided for the appointment of Authorised Officers who would be employees of the now defunct Social Welfare Committee, but who would later be replaced by psychiatric social workers when these were available. Briefly, the duties of these Authorised Officers are (1) to make arrangements for the detention of persons apparently of unsound mind who have no relatives or friends willing or able to take such action; (2) to ensure that adequate domestic arrangements have been made when it is proposed to discharge insane persons from mental hospitals; (3) on the instructions of the Medical Officer of Health, to take steps to remove, pending the presentation of a petition, a supposed defective who is neglected, cruelly treated, or without visible means of support, to a place of safety; and (4) to deal with certain types of mentally handicapped children.

Mentally handicapped children, of the ineducable type, are sent to certified institutions, such as Woodlands Home, Cults—an institution originally acquired by the Corporation—or placed under suitable guardianship if they require more attention than can be given in their own homes.

So far as training and occupation are concerned, the Corporation propose to establish within the City training and occupational centres for mentally ill and mentally handicapped persons who are undergoing domiciliary supervision. It is proposed that, at these centres, such work as cobbling, pottery, and leather work will be undertaken.

A Medical Officer of the Health and Welfare Department visits at regular intervals all cases released from institutions on licence or boarded out within the City.

In 1938, the Corporation and the County Councils of Aberdeen and Kincardine decided to avail themselves of the services of the Department of Mental Health of Aberdeen University. The Local Authorities had the services of the Professor of Mental Health and his psychiatric social worker and in return paid an appropriate sum to the University Authorities. The total number of City cases dealt with each year is approximately 400. In view of the difficulty of obtaining psychiatric social workers, the Corporation do not intend, meantime, themselves to appoint such workers, but, by arrangement with the Regional Hospital Board, will co-operate in this connection with the Department of Mental Health of Aberdeen University.

In 1944, a Child Guidance Clinic was established at the Royal Aberdeen Hospital for Sick Children. Arrangements have been made with the University of Aberdeen whereby the Corporation's Medical Officers may refer certain children resident within the City to this clinic, and in respect of such services the Corporation will make appropriate payment to the University. Specialist medical services will, however, be provided free through the North-Eastern Regional Hospital Board.

SECTION VII.

SCHOOL HEALTH SERVICES.

The Report on the School Health Services for the year ended 31st July, 1948, is herewith submitted:—

General Statistics.

Number of Schools—	
(1) Under Education Authority—	
(*a*) Primary	27
(*b*) Junior Secondary	9
(*c*) Secondary	3
(*d*) Nursery	4
(2) (i) Special Schools	2
(ii) Special Classes in ordinary schools	—
(iii) Nursery Classes	6
(3) In receipt of grant from Education Committee and under medical inspection	2
Number of children on the registers (*i.e.*, for whole area—not individual schools)	28,941
Number of children in average attendance (*i.e.*, for whole area—not individual schools)	26,935

The Findings of Medical Inspection.

Preliminary Inspection of "Entrants."

A cursory examination of five-year-old children when they enter school revealed the following details:—

Total number inspected	2,243.
Dirty Heads—	
Nits	170 or 7·6 per cent.
Vermin	6 or 0·3 per cent.
Squints	139 or 6·2 per cent.
Other diseases	57 or 2·5 per cent.
Number excluded for various infections	25 or 1·1 per cent.
Unsatisfactory footgear	1 or 0·04 per cent.
Unsatisfactory clothing	7 or 0·3 per cent.

Systematic Medical Examinations.

Details as to the number and percentage of individual children in each age-group suffering from particular defects are given in Table II at the end of the School Medical Section of this Report.

A summary of the systematic medical examinations is herewith submitted:—

	Number Examined	Number found Defective	Percentage
1. Clothing unsatisfactory	8,151	7	·09
2. Footgear unsatisfactory	,,	10	·1
3. Cleanliness—			
(*a*) Head—			
Nits	,,	71	·9
Vermin	,,	—	—
(*b*) Body—			
Dirty	,,	2	·02
Vermin	,,	—	—
4. Skin—			
(*a*) Head—			
Ringworm	,,	1	·01
Impetigo	,,	72	·9
Other diseases	,,	17	·2
(*b*) Body—			
Ringworm	,,	3	·04
Impetigo	,,	7	·09
Scabies	,,	14	·2
Other diseases	,,	237	2·9
5. Nutritional State—			
Slightly defective	,,	26	·3
Bad	,,	2	·02
6. Mouth and teeth unhealthy	,,	77	·9
7. Naso-pharynx—			
(*a*) Nose—			
(i) Obstruction requiring observation	,,	564	6·9
(ii) Obstruction requiring operative treatment	,,	34	·4
(iii) Other conditions	,,	23	·3
(*b*) Throat—			
(i) Tonsils requiring observation	,,	1,978	24·3
(ii) Tonsils requiring operative treatment	,,	314	3·9
(*c*) Glands—			
(i) Requiring observation	,,	174	2·1
(ii) Requiring operative treatment	,,	—	—
8. Eyes—			
(*a*) External Diseases—			
Blepharitis	,,	107	1·3
Conjunctivitis	,,	5	·06
Corneal opacities	,,	5	·06
Strabismus	,,	430	5·3
Other diseases	,,	96	1·2
(*b*) Visual Acuity with/without Glasses—			
Fair	5,583	1,115	20·0
Bad	,,	91	1·6
Recommended for refraction	,,	409	7·3

	Number Examined	Number found Defective	Per-centage
9. Ears—			
(*a*) Diseases—			
Otorrhœa	8,151	67	·8
Other diseases	,,	74	·9
(*b*) Defective Hearing—			
Grade I	5,583	13	·2
Grade IIA	,,	—	—
Grade IIB	,,	2	·04
10. Speech—			
Defective articulation	8,151	25	·3
Stammering	,,	17	·2
11. Mental and Nervous Condition—			
(*a*) Backward	,,	10	·1
(*b*) Dull	,,	2	·02
(*c*) Mentally deficient (educable)	,,	—	—
(*d*) Mentally deficient (ineducable)	,,	—	—
(*e*) Highly nervous or unstable	,,	33	·4
(*f*) Difficult in behaviour	,,	4	·05
12. Circulatory System—			
(*a*) Organic Heart Disease—			
(i) Congenital	,,	11	·1
(ii) Acquired	,,	18	·2
(*b*) Functional conditions	,,	56	·7
13. Lungs—			
Chronic bronchitis	,,	5	·06
Suspected tuberculosis	,,	28	·3
Other diseases	,,	245	3·0
14. Deformities—			
(*a*) Congenital	,,	27	·3
(*b*) Acquired (infantile paralysis)	,,	6	·07
(*c*) Acquired (probably rickets)	,,	96	1·2
(*d*) Acquired (other causes)	,,	146	1·8
15. Infectious disease	,,	24	·3
16. Other diseases or defects	,,	957	11·7
17. Classification—			
Group I (2,918)	,,	—	35·8
Group II*a*	5,583	651	11·7
Group II*b*	8,151	21	·3
Group II*c*	5,583	4	·07
Group III	8,151	3,463	42·5
Group IV*a*	,,	901	11·1
Group IV*b*	,,	193	2·4
Number notified to parents as suffering from defects	,,	1,140	14·0
Number under observation	,,	3,639	44·6
Number of parents present at inspection (6,461)	,,	—	79·3
Number wearing glasses	,,	681	8·4

Heights and Weights.

In Table V (pages 56-57) a record is given of the average heights and weights for the years 1928-1948. The following table gives details for the year 1947-1948:—

Boys.

	Age	Number Examined	Average Age	Average Height in Inches	Average Weight in Lbs
1947-48 . .	5	981	5^2	42·3	41·8
Do. . .	9	1,339	9^5	51·1	62·4
Do. . .	13	1,274	13^4	58·7	90·6
Do. . .	16	199	16^6	67·5	134·5

Girls.

1947-48 . .	5	945	5^2	42·0	41·2
Do. . .	9	1,197	9^5	50·8	60·6
Do. . .	13	1,324	13^5	59·4	94·8
Do. . .	16	132	16^5	63·8	123·2

Medical Treatment.

A—Minor Ailments.

(1) *Cuts, Bruises, Sprains, and Minor Injuries, &c.*

Cases occurring in schools while any of the medical or nursing staff are in the school are dealt with by them, but many cases are given First-aid treatment by the teaching staff, many of whom have First-aid training. Cases which require further treatment are referred to their own doctor, or, if of a serious nature, *e.g.*, fractures, to the Casualty Departments of the General Hospitals.

(2) *Diseases of the Ear, Nose, and Throat.*

The attendances at the Ear, Nose, and Throat Clinic for the school year 1947-48 are as follows:—

Number of new cases	242
Number referred to hospital	88
Number referred to own doctor	8
Number treated at clinic	59
Number discharged requiring no treatment	87
Total attendances at clinic	3,118
Number discharged cured	152

About 85 per cent. of the new cases are cases of diseases of the ear alone. The vast majority of cases of enlarged tonsils and adenoids are not referred to the Ear, Nose, and Throat Clinic, but are referred to the family doctor in the first instance.

(3) *Diseases of the Eye, excluding Defective Vision.*

These cases continue to be referred, by arrangement, to the Eye Institution, 142, King Street, Aberdeen. The number of cases so referred was 4 of epidemic conjunctivitis and 10 of severe blepharitis.

(4) *Diseases of the Skin.*

Ringworm (scalp)—	
(*a*) X-ray treatment . .	2
(*b*) Other treatment . .	7
Ringworm (body) . . .	24

All cases of ringworm are referred, by arrangement, for treatment at the Skin Out-Patient Department, Aberdeen Royal Infirmary, Woolmanhill.

With regard to impetigo, 256 children were treated at the School Skin Clinic now held at Dispensary Buildings, Guestrow, Aberdeen, requiring 2,349 attendances.

With regard to scabies, these cases are usually referred for treatment to the Cleansing Station at the City (Fever) Hospital, along with all contacts (adults as well as children). 136 families, of whom one or more school-child members of the family were found to be suffering with scabies, were so dealt with, involving a total of 237 adults, 269 school children, and 69 children under school age.

There were two cases of body vermin.

B—Defective Vision and Squint.

The work of the School Eye Clinic, which is now located at Dispensary Buildings, Guestrow, Aberdeen, was carried out by Dr. J. R. Mutch, Ophthalmic Surgeon.

Number of cases examined—Boys, 1,082; girls, 1,175; total, 2,257.

Spectacles were prescribed in all necessary cases.

Cases of pre-school children referred by the Maternity and Child Welfare Department numbered 43, mostly cases of hypermetropia with actual or apparent squint.

C—Nose and Throat (Operative Treatment).

Cases which require operative treatment are referred by the School Aural Surgeon either to the Royal Aberdeen Hospital for Sick Children or to the City Hospital.

D—Orthopædic and Postural Defects (Specialist Treatment).

The Orthopædic Clinic, under the auspices of the Cripples' Welfare Association, was commenced in May, 1942. The clinic is held in Charlotte Street Day Nursery at intervals of approximately one month, according to the number of cases to be examined. The clinic is held by one of the Orthopædic Surgeons of Aberdeen Royal Infirmary (Mr. A. Rennie), and special remedial exercises for suitable cases are arranged to take place at least once per week at the nearest Junior Secondary School. These classes are conducted by specialist physical instructors.

During the year, 90 children were examined by the Orthopædic Surgeon, and, of these, 14 were referred to one or other of the General Hospitals for further investigation and/or treatment in hospital; special remedial exercises were recommended for 21; and no action further than the slight raising of soles and heels of shoes in some cases was considered necessary in the case of 55 children.

Advantage of the clinic has also been taken, by arrangement, by the parents of 68 children under school age.

Dental Inspection and Treatment.

Number of children who were inspected by the Dental Officers:—

Age	Systematic Examinations	Special and Emergency Cases	Total
2	3	—	3
3	32	—	32
4	111	—	111
5	127	—	127
6	133	—	133
7	1,098	—	1,098
8	201	—	201
9	1,280	—	1,280
10	437	—	437
11	1,175	—	1,175
12	576	—	576
13	1,354	—	1,354
14	631	—	631
15	309	—	309
16	138	—	138
17	62	—	62
18	13	—	13
	7,680	—	7,680

Number of Dental Officers' visits to schools—94 sessions (half-days).

Of the 7,680 children seen in school, 5,669 were found to require treatment, and, of these, 3,830 or 67·6 per cent. intimated acceptance of treatment; 557 intimated that their children were being privately treated. Refusals numbered 1,282, this being the number of unsigned cards returned at the time of the dental inspections. During the year, fifty to sixty per cent. of these cases ask for treatment but are then classified as emergency cases.

	Systematic Examinations	Special and Emergency Cases
Number of children actually treated by the School Dental Officers	4,732	3,245
Number of attendances made by children for treatment	8,840	4,748
Fillings—		
(*a*) Permanent teeth	2,831	1,082
(*b*) Temporary teeth	1,087	485
Extractions—		
(*a*) Permanent teeth	629	1,205
(*b*) Temporary teeth	2,791	4,275
Anæsthetics—		
Number of administrations of a general anæsthetic for extractions	1,165	2,548
Number of local anæsthetics	611	398
Other operations—		
(*a*) Permanent teeth	2,702	910
(*b*) Temporary teeth	1,511	108

The following work was carried out at the School Dental Clinic for Oakbank Industrial School:—

Number of boys inspected		554
Number of boys treated		65
Attendances for treatment		100
Extractions—		
(*a*) Permanent teeth		55
(*b*) Temporary teeth		4
Anæstheties—		
General		40
Local		2
Fillings—		
(*a*) Permanent teeth		40
(*b*) Temporary teeth		—
Scalings		20
Dressings		13
Gum treatment		5
Orthodontics—		
Number of completed cases	5	
Number under treatment	4	
	—	9

The sum of £355 13s. 6d. was taken in voluntary contributions for general anæsthetics cases.

The following work was performed at the School Dental Clinic under the Mother and Child Welfare Scheme:—

	Mothers	Children
Number of cases treated	158	317
Number of visits required	258	368
Extractions	767	618
Anæsthetics—		
General	160	287
Local	7	—
Fillings	25	45

Denture Work—	No. of Patients	Upper Denture	Lower Denture	Total
Mother and Child Welfare	17	14 full	12 full	
		3 partial		29
Social Welfare	17	12 full	14 full	
		1 re-model	1 re-model	28
Blind Persons Scheme	1	1 full	—	1
Total	35	31	27	58

Diphtheria Immunisation.

Details relating to the arrangements made by the Corporation for carrying out diphtheria immunisation are given in Section III of this Report, as also the statistics of the work done from 1st January to 31st December, 1948.

At the end of June, 1948, 24,194 children of school age were known to have been fully immunised against diphtheria, *i.e.*, 91·3 per cent. of the children attending Primary and Secondary Schools (including Robert Gordon's College). In addition, 265 or 1·0 per cent. of children of school age were known to have been partially immunised (*i.e.*, to have received one inoculation), so that at least 92·3 per cent. of the children in the schools have some degree of protection against diphtheria. At the end of June, 1948, it has also to be recorded that 7,576 children had been re-inoculated at the schools.

Tables.

The following tables are submitted:—

Table I. Numbers of children examined in the several age-groups.

Table II. Return of number and percentage of individual children in each age-group suffering from particular defects.

Table III. Classification of children examined at systematic medical examinations.

Table IV. Return of all exceptional children of school age in the area.

Table V. Average heights and weights—Years 1928-1948.

TABLE I.

Total number of children examined at—

(*a*) Systematic Examinations—	
Ordinary Schools—	
Entrants	2,568
Second age-group	2,548
Third age-group	2,700
Fourth age-group	—
Secondary Schools—Age-group	335
	8,151
(*b*) Other Examinations—	
Re-inspection by Medical Officers	5,703

Number of individual children inspected at systematic examinations who were notified to parents as requiring treatment (excluding uncleanliness and dental caries):—

Entrants	414
Second age-group	371
Third age-group	339
Fourth age-group	—
Secondary age-group	16
Other systematic examinations	—
	1,140

TABLE

SYSTEMATIC

Return of number and percentage of individual children

NATURE OF DEFECT.	Total Examined. All ages.	ENTRANTS. Boys 1,317		Girls 1,251	
1. Clothing unsatisfactory	8,151	1	·08	—	—
2. Footgear unsatisfactory	,,	—	—	—	—
3. Cleanliness—					
(*a*) Head: Nits	,,	10	·8	17	1·4
Vermin	,,	—	—	—	—
(*b*) Body: Dirty	,,	1	·08	—	—
Vermin	,,	—	—	—	—
4. Skin—					
(*a*) Head:					
Ringworm	,,	—	—	1	·08
Impetigo	,,	22	1·7	9	·7
Other Diseases	,,	1	·08	—	—
(*b*) Body:					
Ringworm	,,	—	—	—	—
Impetigo	,,	1	·08	1	·08
Scabies	,,	4	·3	1	08
Other Diseases	,,	36	2·7	28	2 2
5. Nutritional state—					
Slightly defective	,,	3	·2	4	·3
Bad	,,	—	—	—	—
6. Mouth and Teeth Unhealthy	,,	19	1·4	14	1·1
7. Naso-Pharynx—					
(*a*) Nose:					
(i) Obstruction requiring observation	,,	99	7·5	78	6·2
(ii) Obstruction requiring Operative Treatment	,,	7	·5	5	·4
(iii) Other Conditions	,,	2	·2	—	—
(*b*) Throat:					
(i) Tonsils requiring observation	,,	465	35·3	504	40·3
(ii) Tonsils requiring Operative Treatment	,,	106	8·0	120	9·6
(*c*) Glands:					
(i) Requiring observation	,,	49	3·7	42	3·4
(ii) Requiring Operative Treatment	,,	—	—	—	—
8. Eyes—					
(*a*) External Diseases:					
Blepharitis	,,	12	·9	11	·9
Conjunctivitis	,,	—	—	2	·2
Corneal Opacities	,,	2	·2	—	—
Squint	,,	112	8·5	138	11·0
Other Diseases	,,	13	1·0	15	1·2
(*b*) Visual Acuity (Snellen):					
Defective—Fair	5,583	—	—	—	—
Bad	,,	—	—	—	—
Recommended for Refraction	,,	74	5·6	84	6·7
Number with Glasses	8,151	31	2·4	42	3·4
9. Ears—					
(*a*) Diseases;					
Otorrhœa	,,	9	·7	16	1·3
Other Diseases	,,	13	1·0	18	1·4

II.

Examinations.

in each age-group suffering from particular defects.

Second Age-group.				Third Age-group.				Fourth Age-group.				All Ages.			
Boys 1,346		Girls 1,202		Boys 1,324		Girls 1,376		Boys 200		Girls 135		Boys 4,187		Girls 3,964	
4	·3	1	·08	1	·08	—	—	—	—	—	—	6	·1	1	·03
6	·4	1	·08	3	·2	—	—	—	—	—	—	9	·2	1	·03
15	1·1	13	1·1	2	·2	14	1·0	—	—	—	—	27	·6	44	1·1
—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
—	—	—	—	—	—	1	·07	—	—	—	—	1	·02	1	·03
—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	·03
17	1·3	10	·8	9	·7	4	·3	1	·5	—	—	49	1·2	23	·6
6	·4	—	—	4	·3	4	·3	—	—	2	1·5	11	·3	6	·2
—	—	2	·2	1	·08	—	—	—	—	—	—	1	·02	2	·05
2	·1	—	—	3	·2	—	—	—	—	—	—	6	·1	1	·03
2	·1	2	·2	1	·08	4	·3	—	—	—	—	7	·2	7	·2
37	2·7	17	1·4	51	3·9	58	4·2	—	—	10	7·4	124	3·0	113	2·9
7	·5	9	·7	2	·2	1	·07	—	—	—	—	12	·3	14	·4
—	—	1	·08	—	—	1	·07	—	—	—	—	—	—	2	·05
12	·9	12	1·0	9	·7	10	·7	1	·5	—	—	41	1·0	36	·9
100	7·4	58	4·8	108	8·2	103	7·5	2	1·0	16	11·9	309	7·4	255	6·4
10	·7	4	·3	4	·3	3	·2	1	·5	—	—	22	·5	12	·3
9	·7	3	·2	4	·3	3	·2	1	·5	1	·7	16	·4	7	·2
255	18 9	319	26·5	196	14·8	229	16·6	—	—	10	7·4	916	21·9	1,062	26·8
27	2·0	35	2·9	12	·9	13	9	—	—	1	·7	145	3·5	169	4·3
43	3·2	26	2·2	13	1 0	1	·07	—	—	—	—	105	2·5	69	1·7
—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
21	1·6	26	2·2	18	1·4	19	1 4	—	—	—	—	51	1·2	56	1·4
—	—	1	·08	2	·2	—	—	—	—	—	—	2	·05	3	·08
—	—	1	·08	1	·08	1	·07	—	—	—	—	3	·07	2	·05
47	3·5	54	4·5	34	2·6	41	3 0	2	1·0	2	1·5	195	4·7	35	5·9
17	1·3	15	1·2	13	1·0	21	1·5	—	—	2	1·5	43	1·0	53	1·3
292	21·7	306	25·5	183	13·8	292	21·2	23	11·5	19	14·1	498	17·4	617	22·7
21	1·6	24	2·0	17	1·3	28	2·0	1	·5	—	—	39	1·4	52	1·9
99	7·4	92	7·7	82	6·2	125	9·1	6	3·0	5	3·7	187	6·5	222	8·2
124	9·2	110	11·6	123	9·3	182	13·2	22	11 0	17	12·6	300	7 2	381	9·6
9	·7	10	·8	11	·8	12	·9	—	—	—	—	29	·7	38	1·0
8	·6	9	·7	9	·7	15	1·1	1	·5	1	·7	31	·7	43	1·1

TABLE

SYSTEMATIC

Return of number and percentage of individual children

Nature of Defect.	Total examined. All ages.	Entrants.			
		Boys 1,317		Girls 1,251	
9. Ears—(Continued)—					
(*b*) Defective Hearing :					
Grade I	5,583	1	·08	1	·08
Grade IIA	,,	—	—	—	—
Grade IIB	,,	—	—	—	—
Grade III	,,	—	—	—	—
10. Speech—					
Defective Articulation	8,151	12	·9	5	·4
Stammering	,,	1	·08	—	—
11. Mental and Nervous Condition—					
(*a*) Backward	,,	1	·08	2	·2
(*b*) Dull	,,	—	—	—	—
(*c*) Mentally Deficient (Educable)	,,	—	—	—	—
(*d*) Mentally Deficient (Ineducable)	,,	—	—	—	—
(*e*) Highly Nervous or Unstable	,,	4	·3	5	·4
(*f*) Difficult in Behaviour	,,	3	·2	—	—
12. Circulatory System—					
(*a*) Organic Heart Disease :					
(i) Congenital	,,	2	·2	2	·2
(ii) Acquired	,,	1	·08	1	·08
(*b*) Functional Conditions	,,	8	·6	10	·8
13. Lungs—					
Chronic Bronchitis	,,	—	—	—	—
Suspected Tuberculosis	,,	6	·5	2	·2
Other Diseases	,,	60	4·6	53	4·2
14. Deformities—					
(*a*) Congenital	,,	4	·3	3	·2
(*b*) Acquired (Infantile Paralysis)	,,	1	·08	2	·2
(*c*) Acquired (Probably Rickets)	,,	20	1·5	14	1·1
(*d*) Acquired (Other Causes)	,,	19	1·4	8	·6
15. Infectious Disease	,,	11	·8	9	·7
16. Other Diseases or Defects	,,	132	10·0	131	10·5
17. Classification :					
Group I	,,	404	30·7	331	26·5
Group IIA	5,583	—	—	—	—
Group IIB	8,151	5	·4	—	—
Group IIC	5,583	—	—	—	—
Group III	8,151	794	60·3	807	64·5
Group IVA	,,	88	6·7	93	7·4
Group IVB	,,	26	2·0	20	1·6
Number Notified to Parents	,,	203	15·4	211	16·9
Number under observation	,,	699	53·1	693	55·4
Number of Parents present	,,	1,251	95·0	1,189	95·0

II (Continued.)

Examinations.

in each age-group suffering from particular defects.

Second Age-group.				Third Age-group.				Fourth Age-group.				All Ages.			
Boys 1,346		Girls 1,202		Boys 1,324		Girls 1,376		Boys 200		Girls 135		Boys 4,187		Girls 3,964	
2	·1	3	·2	2	·2	5	·4	1	·5	—	—	5	·2	8	·3
—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
—	—	—	—	1	·08	—	—	1	·5	—	—	2	·07	—	—
—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
7	·5	—	—	1	·08	—	—	—	—	—	—	20	·5	5	·1
6	·4	—	—	7	·5	2	·1	1	·5	—	—	15	·4	2	·05
4	·3	1	·08	2	·2	—	—	—	—	—	—	7	·2	3	·08
—	—	—	—	2	·2	—	—	—	—	—	—	2	·05	—	—
—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
6	·4	6	·5	6	·5	4	·3	2	1·0	—	—	18	·4	15	·4
1	·07	—	—	—	—	—	—	—	—	—	—	4	·1	—	—
2	·1	1	·08	—	—	4	3	—	—	—	—	4	·1	7	·2
4	·3	3	·2	2	·2	6	·4	—	—	1	·7	7	·2	11	·3
5	·4	10	·8	9	·7	14	1·0	—	—	—	—	22	·5	34	·9
2	·1	—	—	1	·08	1	·07	1	·5	—	—	4	·1	1	·03
4	·3	5	·4	6	·5	5	·4	—	—	—	—	16	·4	12	·3
43	3·2	25	2·1	43	3·2	18	1·3	—	—	3	2·2	146	3·5	99	2·5
12	·9	1	·08	3	·2	4	·3	—	—	—	—	19	·5	8	·2
1	·07	1	·08	—	—	1	·07	—	—	—	—	2	·05	4	·1
22	1·6	13	1·1	15	1·1	9	·7	1	·5	2	1 5	58	1·4	38	1 0
26	1·9	23	1·9	42	3·2	19	1·4	7	3·5	2	1·5	94	2·2	52	1·3
2	·1	1	·08	—	—	1	·07	—	—	—	—	13	·3	11	·3
167	12·4	146	12·1	146	11·0	215	15·6	2	1·0	18	13·3	447	10·7	510	12·9
469	34·8	385	32·0	583	44 0	527	38·3	152	76·0	67	49·6	1,608	38·4	1,310	33·0
150	11·1	154	12·8	132	10·0	181	13·2	26	13·0	8	5·9	308	10·7	343	12·6
4	·3	3	·2	3	·2	6	·4	—	—	—	—	12	·3	9	·2
—	—	2	·2	—	—	1	·07	1	·5	—	—	1	03	3	·1
513	38·1	490	40·8	398	30·1	413	30·0	15	7·5	33	24·4	1,720	41·1	1,743	44·0
162	12·0	144	12·0	169	12·8	217	15·8	2	1·0	26	19·3	421	10·1	480	12·1
48	3·6	24	2 0	39	2·9	31	2·3	4	2·0	1	·7	117	2·8	76	1·9
189	14 0	182	15·1	156	11·8	183	13·3	9	4·5	7	5·2	557	13·3	583	14·7
584	43·4	512	42·6	502	37 9	572	41·6	20	10·0	57	42·2	1,805	43·1	1,834	46·3
1,156	85·9	1,064	88·5	764	57·7	930	67·6	59	29·5	48	35·6	3,230	77·1	3,231	81·5

Table III.

Systematic Medical Examinations.

Classification	Entrants		Second Age-group		Third Age-group		Fourth Age-group		Total	
	No. of Children	Percentage of the Children examined in this Group	No. of Children	Percentage of the Children examined in this Group	No. of Children	Percentage of the Children examined in this Group	No. o Children	Percentage of the Children examined in this Group	No of Children	Percentage of the children examined at systematic examinations
I. Children free from defects	735	28·6	854	33·5	1,110	41·1	219	65·4	2,918	35·7
II. Children (otherwise free from defects) who suffer from—										
(*a*) Defective vision not worse than 6/12 in the better eye with or without glasses	—	—	304	11·9	313	11·6	34	10·1	651	8·0
(*b*) Conditions of the mouth and teeth requiring treatment	5	0·2	7	0·3	9	0·4	—	—	21	0·3
(*c*) Both (*a*) and (*b*)	—	—	2	0·07	1	0·03	1	0·3	4	0·04
Total	5	0·2	313	12·3	323	12·0	35	10·4	676	8·3
III. Children suffering from ailments (other than those mentioned in II.) from which complete recovery is anticipated within a few weeks	1,601	62·3	1,003	39·4	811	30·0	48	14·3	3,463	42·5
IV. Children suffering from (or suspected to be suffering from) defect less remediable than defects specified in II. or III., distinguishing cases—										
(*a*) Where complete cure or restoration of function (in the case of eye defect, full correction) is considered possible	181	7·0	306	12·0	386	14·3	28	8·4	901	11·1
(*b*) Where improvement only is considered possible, *e.g.*, without complete restoration of function	46	1·8	72	2·8	70	2·6	5	1·5	193	2·4
Total	227	8·8	378	14·8	456	16·9	33	9·9	1,094	13·4
Total number of children examined	2,568	100%	2,548	100%	2,700	100%	335	100%	8,151	100%

Table IV.

Return of all Exceptional Children of School Age in the Area.

Disability	At Ordinary Schools	At Special Schools or Classes	At no School or Institution	Total
1. Blind	--	1	3	4
2. Partially sighted—				
(*a*) Refractive errors in which the curriculum of an ordinary school would adversely affect the eye condition	—	12	—	12
(*b*) Other conditions of the eye, *e.g.*, cataract, ulceration, &c., which render the child unable to read ordinary school books or to see well enough to be taught in an ordinary school	—	4	—	4
3. Deaf—				
Grade I	43	—	—	43
Grade IIA	4	—	—	4
Grade IIB	2	12	—	14
Grade III	—	48	—	48
4. Defective Speech—				
(*a*) Defects of articulation requiring special educational measures	192	—	—	192
(*b*) Stammering requiring special educational measures	107	3	—	110
5. Mentally defective children (between 5 and 16 years)—				
(*a*) Educable (I Q. approx. 50-70)	—	240	—	240
(*b*) Ineducable (I.Q. generally less than 50)		2	42	44
6. Epilepsy—				
(*a*) Mild and occasional	7	9	—	16
(*b*) Severe (suitable for care in a residential school)	—	5	—	5
7. Physically defective children (between 5 and 16 years)—				
(*a*) Non-pulmonary tuberculosis (excluding cervical glands)	11	3	8	22
(*b*) General orthopædic conditions.	275	14	—	289
(*c*) Organic Heart Disease	88	1	—	89
(*d*) Other causes of ill-health	—	6	—	6
8. Multiple defects—				
(*a*) Mentally defective and deaf	—	2	—	2
(*b*) Mentally defective and physically defective		4	—	4
(*c*) Mentally defective (ineducable) and blind	—	—	2	2

Table V.—Heights and Weights, 1928-1948.

Boys.

Year	GROUP I.—5 Years			GROUP II —9 Years			GROUP III.—13 Years			GROUP IV.—16 Years		
	Average Age	Average Height in Inches	Average Weight in Lbs.	Average Age	Average Height in Inches	Average Weight in Lbs.	Average Age	Average Height in Inches	Average Weight in Lbs.	Average Age	Average Height in Inches	Average Weight in Lbs.
	Yrs. Mths.			Yrs. Mths.			Yrs. Mths.			Yrs. Mths.		
1928-29	5 3	41 4	40·3	...	..	...	..	...	...	16 3	65·8	125·3
1929-30	5 3	41·4	40·0	...	...	..	13 2	57·1	83·3	16 3	66·3	127·5
1930-31	5 3	41·5	40·3	...	...	..	...	...	...	16 3	66·2	127·0
1931-32	5 3	41·5	40·1	9 0	49·7	58·7	...	...	...	16 1	65·6	127·3
1932-33	5 3	41·6	40·1	9 0	49·6	58·1	...	...	...	16 1	66 2	128·4
1933-34	5 3	41·5	40·3	9 0	49·7	58·6	...	...	...	16 0	65·7	123·9
1934-35	5 3	41·6	40·2	9 0	49·7	58·0	...	...	...	16 1	66·4	128·7
1935-36	5 3	41·9	40·4	9 0	49·9	58·6	...	...	...	16 0	66·2	125·1
1936-37	5 3	41·8	40·4	9 0	50·0	58·8	..	...	...	16 0	65·4	126 7
1937-38	5 3	41·8	40·7	9 0	50·3	59·6	...	...	...	16 0	66·7	129·6
1938-39	5 3	42·0	41·0	9 6	51·3	60·9	13 6	58·6	90·9	16 5	67·7	135·0
1939-40	5 4	42·3	41·6	9 6	50·9	61·3	13 6	58·5	89·8	16 6	67·0	134·1
1940-41	5 3	41·9	41·3	9 4	50·7	60·8	13 5	58·4	88·2	16 4	67·1	132 0
1941-42	5 4	42·0	41·4	9 4	50·8	61·1	13 4	58·3	88·3	16 5	67·4	133·2
1942-43	5 3	42·0	41·2	9 4	50·8	60·8	13 4	58·5	88·8	16 5	67·5	134·0
1943-44	5 3	42·0	41·8	9 5	50·9	62·0	13 5	58·6	89·4	16 7	67·4	134·7
1944-45	5 3	42·2	42·0	9 4	51·0	61·8	13 4	58·4	89·4	16 4	67·5	133·5
1945-46	5 3	42·4	42·1	9 5	51·0	62·2	13 5	58·7	90·1	16 6	67·5	134·3
1946-47	5 2	42·3	41·7	9 2	51·1	62·0	13 5	58·7	90·4	16 6	67·6	130·0
1947-48	5 2	42·3	41·8	9 5	51·1	62·4	13 4	58·7	90·6	16 6	67·5	134·5

TABLE V.—HEIGHTS AND WEIGHTS, 1928-1948—*continued.*

Girls.

Year	GROUP I.—5 YEARS			GROUP II.—9 YEARS			GROUP III.—13 YEARS			GROUP IV.—16 YEARS		
	Average Age	Average Height in Inches	Average Weight in Lbs.	Average Age	Average Height in Inches	Average Weight in Lbs.	Average Age	Average Height in Inches	Average Weight in Lbs.	Average Age	Average Height in Inches	Average Weight in Lbs.
	Yrs. Mths.			Yrs. Mths.			Yrs. Mths.			Yrs. Mths.		
1928-29	5 3	41·0	38·7	...	...	...	...	...	...	16 3	62·5	114·7
1929-30	5 3	41·1	38·5	...	...	...	13 3	58·0	85·9	16 3	62·6	115·8
1930-31	5 3	41·2	38·5	...	...	...	...	...	...	16 3	62·7	114·4
1931-32	5 3	41·0	38·3	9 0	49·1	55·4	...	...	...	16 1	62·3	116·1
1932-33	5 3	41·2	38·5	9 1	49·2	55·9	...	...	...	16 1	63·0	119·0
1933-34	5 3	41·2	38·8	9 0	49·7	56·6	...	...	...	16 1	62·7	115·4
1934-35	5 3	41·4	38·9	9 0	49·6	55·9	...	...	...	16 0	63·1	118·8
1935-36	5 3	41·3	38·5	9 0	49·6	55·9	..	...	...	16 0	63·6	118·8
1936-37	5 3	41·4	38·7	9 0	49·6	56·1	...	...	...	16 0	63·1	119·2
1937-38	5 3	41·7	39·1	9 0	50·1	56·8	...	...	...	16 0	63·8	120·7
1938-39	5 3	41·7	39·3	9 7	51·1	60·5	13 6	59·6	94·4	16 4	63·6	120·2
1939-40	5 4	41·9	40·0	9 6	50·4	59·3	13 5	58·9	92·7	...	...	...
1940-41	5 3	41·7	39·7	9 4	50·2	58·5	13 5	59·0	91·6	16 6	63·6	120·5
1941-42	5 3	41·6	39·8	9 4	50·3	58·6	13 4	58·8	92·0	16 5	64·0	122·3
1942-43	5 3	41·8	40·0	9 4	50·4	58·2	13 4	59·3	92·2	16 6	63·9	120·6
1943-44	5 3	41·6	39·9	9 5	50·4	59·4	13 5	59·3	93·4	16 7	64·4	124·8
1944-45	5 3	41·9	40·1	9 5	50·3	60·5	13 5	59·3	93·4	16 6	63 6	123·8
1945-46	5 3	41·7	40·3	9 6	50 6	60·4	13 5	59·4	94·9	16 6	63·1	121·7
1946-47	5 2	42·7	40·2	9 5	50 7	60·3	13 4	59·3	92·6	16 6	64·2	124·2
1947-48	5 2	42·0	41·2	9 5	50·8	60·6	13 5	59·4	94·8	16 5	63·8	123·2

SECTION VIII.

PORT SANITARY SERVICES.

Medical Inspection of Shipping.

Under the Port Health Regulations of 1933 and 1945, in relation to vessels arriving from foreign ports during 1948, the usual Declarations of Health were received by this department. No cases of infectious disease were discovered on board the vessels.

Three seamen—1 suffering from suspected pneumonia, 1 from tonsillitis, and 1 from malaria—also 1 child passenger suffering from measles, were admitted to the Infectious Diseases Hospital. Seven cases suffering from scabies or in a verminous condition received out-patient treatment.

The work carried out by the Sanitary staff during 1948 is given in the report of the Chief Sanitary Inspector.

MEAT INSPECTION SERVICES.

Of the four private slaughter-houses licensed within the burgh two belong to the Flesher Incorporation. The only slaughter-house in operation during 1948 was Hutcheon Street Slaughter-house, which belongs to the Flesher Incorporation.

The following summary is given for the year 1948:—

YEAR 1948.—RETURN OF CARCASES TOTALLY OR PARTIALLY CONDEMNED AS UNFIT FOR HUMAN FOOD.

Class of Animal	Total Slaughtered	Carcases Totally Condemned	Carcases Partially Condemned	Weight (in lbs.) of Condemned Meat and Offal
Cattle . . .	33,786	585	365	412,969
Sheep . . .	139,062	101	120	21,420
Pigs . . .	203	31	10	4,729
Calves . . .	2,879	57	4	4,043
	175,930	774	499	443,161

In addition to above, 416 lots of organs or offal were condemned, weighing 126,510 lbs., so that the total weight of condemned meat and offal was 569,671 lbs.

Slaughter of Animals (Scotland) Act, 1928.—There were no prosecutions during the year 1948. The necessary licences were issued for the use of the mechanically-operated instrument.

DISEASES OF ANIMALS ACTS SERVICES.

The routine work necessary under the various Acts and Orders was duly carried out.

During the year 1948 no outbreaks of contagious diseases occurred.

BLIND PERSONS SERVICES

Statistics relative to Blind Persons.

Registration.

BURGH OF ABERDEEN—REGISTER OF THE BLIND AS AT 1ST APRIL, 1948—NUMBERS ACCORDING TO DIFFERENT AGE GROUPS OF ALL BLIND PERSONS ON THE REGISTER.

0-2		3-4		5-15		16-17		18-29		30-39		40-49		50-69		70+		TOTAL		
M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	T.
1	—	—	—	3	1	—	1	14	1	14	16	15	29	60	56	44	59	**151**	**163**	**314**

Certification of Blindness—Regional Clinic.

During the year ended 31st March, 1948, there were examined for the first time a total of 50 persons—39 at the clinic and 11 at home. In addition, 13 persons underwent re-examination, making a total of 63 cases examined, as compared with 57 in the preceding year.

The details of these examinations for year 1947-1948 are as follows:—

	No. examined for first time.		Re-examinations	TOTAL
	At Clinic	Domiciliary		
City of Aberdeen . .	26	6	8	40
County of Aberdeen . .	11	5	5	21
County of Kincardine .	2	—	—	2
	—	—	—	—
	39	11	13	63

Of the 50 applicants examined, 35, or 70 per cent., were certified blind within the meaning of the Act, including 22 cases belonging to the City of Aberdeen.

Employment of Blind Persons of 16 years and upwards.

At 31st March, 1948, the following blind persons were in employment:—

	Males	Females
In Institutions for the Blind—		
Undergoing industrial training	5	—
Undergoing secondary or professional education .	1	—
In workshops	37	10
Outwith Institutions for the Blind	*13	2

* Including 3 home workers.

Domiciliary Assistance.

The allowances paid to domiciliary recipients have been revised from time to time.

The following summary gives the state as regards marriage of those blind persons who were in receipt of domiciliary assistance at 31st March, 1948:—

Males—		*Females*—	
Married	27	Married	16
Single or widowed	33	Single or widowed	73
	60		89
Total	149		

From 5th July, 1948, the payment of domiciliary assistance became a duty of the National Assistance Board.

HEALTH EDUCATION.

The Scottish Council for Health Education was inaugurated in 1943. This Council assumed the functions previously performed by the British Social Hygiene Council which focussed its activities chiefly on the prevention of venereal disease. The Scottish Council, however, assumed a much wider sphere, dealing as it does with the prevention of all diseases and the methods whereby health may be secured and maintained. The Scottish Council for Health Education has been in operation for fully five years, and, during that period, has performed exceptionally good work.

There are two medical advisers employed by the Scottish Council, the senior medical adviser being employed part-time and the other whole-time. These medical officers give lectures on a variety of subjects, their lectures usually being illustrated by interesting films dealing with such subjects as tuberculosis, infectious diseases, personal hygiene, nutrition, and child health. The usual procedure is that films are first shown; the medical adviser then delivers a short lecture and finally invites the audience to submit written questions which often prove to be very informative as they tend to bring out points and difficulties arising in the minds of the audience that may not have occurred to the speaker.

There is no doubt that the Scottish Council for Health Education is performing most useful work. The public should be educated in the prevention of disease and less should be heard of the treatment of disease.

During 1948, two public lectures were given in the Odeon Theatre, Aberdeen, one on the 14th March and the other on the 12th December. At the first meeting, the main subject dealt with was the prevention of venereal disease. Another interesting film was "The Story of Penicillin." The lecturer was Dr. A. G. Mearns,

Senior Lecturer in Public Health at Glasgow University, who also acts as part-time Lecturer to the Scottish Council for Health Education. The Convener of Aberdeen Health and Welfare Committee acted as Chairman on this occasion. Approximately 1,800 persons were present.

At the second meeting, the film shown again dealt mainly with venereal disease, but another interesting film shown was "The Story of D.D.T." At this meeting, Dr. Nora I. Wattie, Senior Medical Officer for Maternity and Child Welfare to Glasgow Corporation, gave the address, whilst the Lord Provost of Aberdeen occupied the Chair. At this meeting, 1,750 persons were present. This meeting was so successful that it was decided to continue the series during 1949.

SECTION IX.

STATISTICAL COMMENTARY.

POPULATION.

The population of the City has been estimated by the Registrar-General to the middle of 1948 as 188,853, as compared with 187,751 in 1947.

Live-Births.—The total number of live births during the year 1948, corrected for "transfers" was 3,598 (3,384 legitimate and 214 illegitimate), equivalent to a rate of 19·1 per 1,000 of population, as against a rate of 22·0 in 1947.

Comparison is made with Aberdeen and all Scotland for the years 1943 to 1948, and the rates are as follows:—

Year	Live Births. Rate per 1,000 of Population. Aberdeen	All Scotland
1948	19·1	19·4
1947	22·0	22·0
1946	20·4	20·3
1945	15·5	16·9
1944	16·5	18·5
1943	16·0	18·4
Mean of 1943-1947	18·1	19·2

In 1948, the birth-rates in the other principal towns were—Glasgow, 20·2; Edinburgh, 17·2; and Dundee, 19·8.

The natural increase for the year, *i.e.*, the excess of births over deaths, was 1,500 as compared with 1,882 in 1947 and 1,638 in 1946. In 1938 the excess was 872.

Masculinity of Live-Births.—This term indicates the proportion of male births to female births in any year. Of the total 3,598 live births in 1948, 1,857 were males and 1,741 were females, giving a percentage of males to females of 106·7, as compared with 100·6 in 1947.

Illigitimate Live-Births.—In 1948, the number of illigitimate births was 214, and amounted to 5·9 per cent. of the total births. For all Scotland the rate was 5·8 per cent.

Still-Births.—The number of still-births, after correction for transfers, in 1948 was 98 giving a rate of 27 per 1,000 total births as compared with a rate of 25 in 1947. For all Scotland the rate in 1948 was 29 per 1,000 total births

MARRIAGES.

During 1948, there were 2,104 marriages within the City equivalent to a rate of 11·1 per 1,000 of the population. For comparative purposes, the following table is submitted:—

	Marriages.	
Year	Number	Rate per 1,000 of Population
1948	2,104 ...	11·1
1947	2,091 ...	11·1
1946	2,186 ...	11·9
1945	2,286 ...	12·5
1944	1,646 ...	9·1
1943	1,700 ...	9·5
Mean of 1943-1947 .	1,982	10·8

DEATHS.

The total number of deaths and the death-rate per 1,000 of the population, as also the average age at death, for each of the years 1943 to 1948 are given in the following table:—

	Deaths.		
Year	Number	Rate per 1,000 of Population	Average Age at Death
1948	2,098 ...	11·1 ...	61·7
1947	2,242 ...	11·9 ...	57·3
1946	2,124 ...	12·0 ...	60·3
1945	2,084 ...	12·8 ...	59·6
1944	2,056 ...	12·9 ...	58·4
1943	2,239 ...	14·1 ...	57·5
Mean of 1943-1947 .	2,149 ...	12·7 ...	58·6

There were 2,098 deaths in 1948 as compared with 2,242 in 1947. The recorded death-rate in 1948, 11·1 is the lowest on record. This also applies to all Scotland, the rate being 11·8.

The Average Age at Death of all persons dying during 1948 was 61·7 years being the highest average age at death on record. This can be explained when it is pointed out that of 2,098 deaths in 1948, 697 occurred in ages 75 years and over or a proportion of 1 in every 3; at age-period 85 years and over the proportion was 1 in every 14 deaths.

CAUSES OF DEATH.

Table II gives the death-rate from each of the principal infectious diseases and from selected causes since 1856. The principal causes of death at the various age-periods are summarised in Table III.

Epidemic Diseases.—These have been referred to in the Infectious Diseases Section of the Report.

Malignant Diseases.—Deaths in 1948 from this group of causes numbered 319. During the 1943-1947 quinquennium the annual average number was 300.

Diseases of the Nervous System.—In 1948, there were 297 deaths from cerebral haemorrhage, cerebral embolism, and hemiplegia, and 30 from other diseases of the nervous system. In the preceding quinquennium, the average annual number was 303 and 37 respectively.

Diseases of the Circulatory System.—The number of deaths in this group represent about one-third of the deaths from all causes. Of 681 deaths in 1948 298 occurred in age-groups 75 years and over.

Diseases of the Respiratory System.—In 1948, the number of deaths from pneumonia was 85, as compared with 110 in 1947.

The death-rate from bronchitis in 1948 was considerably less than the average rate in the 1943-1947 quinquennium, the respective rates being 23 and 39 respectively.

Diseases of the Digestive System.—In 1948, there were 110 deaths in this group, representing a rate of 58 per 100,000 as compared with a rate of 90 in 1947. Deaths from diarrhœa numbered 26 in 1948 as compared with 96 in 1947.

Diseases of the Genito-Urinary System.—The rate for 1948 was 47 per 100,000. In the quinquennium 1943-1947, the rate was 56.

Diseases of Pregnancy and Child-Birth.—In 1948, there were four deaths classified under this group, as compared with five in 1947.

Congenital Debility, Prematurity and Malformations.—Deaths in this group numbered 74 and are dealt with in detail in the section of the Report relating to the Maternity and Child Welfare Services.

Senility.—Deaths assigned to senility or senile dementia, numbered 21, representing a rate of 11 per 100,000.

Violence.—Of the 120 deaths from violence in 1948, 26 were attributed to suicide and 18 to road transport accidents.

TABLE I.—ABERDEEN.—MARRIAGE, BIRTH, AND DEATH RATE—1856 TO 1948.

Per 1,000 of population.

Year	Population†	Marriages		Live Births *			Deaths *			Excess of Births over Deaths	Infantile Mortality
		Number	Rate per 1,000 of Population	Number	Rate per 1,000 of Population	Illegit Births per 100 Total Births	Number	Rate per 1,000 of Population	Average Age at Death		Deaths of Infants under 1 year per 1,000 Births
1948	**188,853**	**2,104**	**11·1**	**3,598**	**19·1**	**5·9**	**2,098**	**11·1**	**61·7**	**1,500**	**34**
1947	187,751	2,091	11·1	4,124	22·0	5·9	2,242	11·9	57·3	1,882	64
1946	176,939	2,186	11·9	3,762	20·4	7·0	2,124	12·0	60·3	1,638	42
1945	163,108	2,286	12·5	2,830	15·5	10·0	2,084	12·8	59·6	746	54
1944	159,263	1,646	9·1	2,989	16 5	9·2	2,056	12·9	58·4	933	57
1943	159,162	1,700	9·5	2,876	16·0	8·9	2,239	14·1	57·5	637	68
Mean of 1943-1947	†	**1,982**	**10·8**	**3,316**	**18·1**	**8·2**	**2,149**	**12·7**	**58·6**	**1,167**	**57**
1942	164,100	2,034	11·3	2,904	16·1	8·5	2,224	13·6	57·9	680	67
1941	167,800	2,055	11·4	2,907	16·2	7·5	2,257	13·5	56·2	650	77
1940	172,310	2,370	13·2	2,804	15·6	6·3	2,457	14·3	55·8	347	86
1939	179,628	2,166	12·1	2,977	16·6	6·3	2,083	11·6	57·1	894	59
1938	178,199	1,829	10·3	3,008	16·9	5·6	2,136	12·0	54·5	872	71
Mean of 1938-42	†	**2,091**	**11·7**	**2,920**	**16·3**	**6·8**	**2,231**	**13·0**	**56·3**	**689**	**72**
1936-1940	†	**1,962**	**11·0**	**2,973**	**16·7**	**6·2**	**2,243**	**12·7**	**55·4**	**730**	**72**
1931-1935	**171,959**	**1,590**	**9·2**	**3,133**	**18·2**	**7·1**	**2,284**	**13·3**	**52·1**	**849**	**86**
1926-1930	**165,956**	**1,510**	**9·1**	**3,263**	**19·7**	**8·2**	**2,207**	**13·3**	**49·1**	**1,056**	**94**
1921-1925	**161,622**	**1,582**	**9·8**	**3,763**	**23·3**	**8·2**	**2,303**	**14·3**	**44·4**	**1,460**	**115**
1916-1920	**161,568**	**1,754**	**10·9**	**3,479**	**21·5**	**10·6**	**2,439**	**15·1**	**41·7**	**1,040**	**127**
1911-1915	**164,324**	**1,489**	**9·1**	**3,959**	**24·1**	**10·2**	**2,752**	**16·8**	**38·1**	**1,207**	**143**
1906-1910	**163,620**	**1,360**	**8·3**	**4,505**	**27·5**	**9·7**	**2,512**	**15·4**	**37·6**	**1,993**	**128**
1901-1905	**158,082**	**1,428**	**9·0**	**4,872**	**30·8**	**8·5**	**2,763**	**17·5**	**34·9**	**2,109**	**143**
1896-1900	**145,740**	**1,356**	**9·3**	**4,636**	**31·8**	**8·3**	**2,644**	**18·1**	**33·3**	**1,992**	**144**
1891-1895	**131,627**	**1,099**	**8·4**	**4,114**	**31·3**	**9·8**	**2,539**	**19·3**	**32·9**	**1,575**	**147**
1886-1890	**117,587**	**911**	**7·8**	**3,827**	**32·5**	**10·4**	**2,370**	**20·2**	**...**	**1,457**	**140**
1881-1885	**108,959**	**848**	**7·8**	**3,712**	**34·1**	**10·6**	**2,159**	**19·8**	**...**	**1,553**	**126**
1876-1880	**100,419**	**788**	**7·9**	**3,480**	**34·7**	**10 9**	**2,100**	**20·9**	**...**	**1.380**	**129**
1871-1875	**91,941**	**705**	**7·7**	**3,169**	**34·5**	**12·1**	**2,063**	**22·4**	**...**	**1,106**	**133**
1866-1870	**84,234**	**684**	**8·1**	**3,010**	**35·7**	**12·9**	**1,978**	**23·5**	**...**	**1,032**	**133**
1861-1865	**77,0 0**	**624**	**8'1**	**2,663**	**34·6**	**...**	**1,915**	**24·9**	**...**	**748**	**130**
1856-1860	**73,458**	**524**	**7.1**	**2,397**	**32·6**	**...**	**1,772**	**24·1**	**...**	**625**	**126**

* Corrected for transferred births for 1911 and for transferred deaths for 1904 and subsequent years.

† Civilian Population from 1939 to 1946 inclusive used for death-rate only.

TABLE II.—ABERDEEN.—DEATHS AT ALL AGES FROM SELECTED CAUSES (per 100,000 of population).—*Years* 1856-1948.*

Year.	Smallpox.	Scarlet Fever.	Diphtheria and Croup.	Measles.	Whooping Cough.	Influenza.	Typhus Fever.	Typhoid and Paratyphoid Fever.	Tuberc. Dis.		Dis. of Digestive System (inc. Diarrhœa).	Cancer and other Malignant Diseases.	Bronchitis.	Pneumonia.	Diseases of the Circulatory System.†
									Respiratory.	Other Tuberculosis.					
1948 . . .	0	0·5	0	0·5	1	2	0	0	33	4	58	169	23	45	361
1947 . . .	0	0	0	2	3	1	0	0	35	6	90	177	38	59	402
1946 . . .	0	0	0	0	2	5	0	0	40	7	65	175	36	52	390
1945 . . .	0	0	6	2	2	4	0	0	43	9	64	177	35	44	383
1944 . . .	0	0	3	0	2	4	0	0	48	21	58	167	39	47	387
1943 . . .	0	1	3	1	2	28	0	0	46	17	78	189	48	57	386
Mean of 1943-47 .	0	0·2	2	1	2	8	0	0	42	12	71	177	39	52	390
1942 . . .	0	0	9	2	3	2	0	0	46	19	79	187	40	49	367
1941 . . .	0	0	11	2	4	8	0	1	48	13	65	169	46	64	362
1940 . . .	0	0	12	6	6	16	0	0	50	11	73	164	73	85	379
1939 . . .	0	1	12	0	0	16	0	0	38	9	68	162	40	56	306
1938 . . .	0	1	11	10	7	3	0	1	38	10	75	154	40	61	301
Mean of 1938-42 .	0	0·4	11	4	4	7	0	0·4	44	12	72	167	48	63	347
Mean of 1936-40 .	0	1	11	4	7	15	0	1	41	11	69	160	50	73	331
,, ,, 1931-35 .	0	5	9	9	12	18	0	1	52	17	70	159	60	102	276
,, ,, 1926-30 .	0·2	2	10	11	11	21	0	0·2	62	30	78	145	61	100	240
,, ,, 1921-25 .	0	5	11	33	29	27	0	1	88	31	80	140	80	92	195
,, ,, 1916-20 .	0	6	16	22	23	73	0	3	106	43	87	121	99	122	178
,, ,, 1911-15 .	0·2	38	42	56	32	16	0	4	111	49	124	116	101	128	184
,, ,, 1906-10 .	0	6	15	26	42	20	0	2	116	61	115	103	105	116	180
,, ,, 1901-05 .	0·1	8	9	41	47	20	3	4	138	69	162	87	145	125	179
,, ,, 1896-1900 .	0	23	18	35	53	29	0	9	167	70	210	87	172	109	167
,, ,, 1891-95 .	0·4	21	22	63	52	56	1	10	181	72	190	81	210	100	156
,, ,, 1886-90 .	1	14	10	80	66	9	1	15	184	67	202	68	216	100	175
,, ,, 1881-85 .	0·2	13	15	36	67	1	6	13	204	74	185	69	251	82	159
,, ,, 1876-80 .	1	35	30	28	66	2	19	29	223	101	194	61	286	72	146
,, ,, 1871-75 .	48	68	30	53	68	5	20	35	243	107	214	56	281	60	136
,, ,, 1866-70 .	4	71	5	50	62	8	62	49	298	130	259	59	238	70	122
,, ,, 1861-65 .	36	93	49	51	62	12	176		274	128	280	57	220	59	122
,, ,, 1856-60 .	40	118	54	70	69	12	109		322	179	203	56	182	58	111

*Corrected for transferred deaths in 1904 and subsequent years.
From 1911 onwards, Cerebral Embolism and Thrombos excluded

TABLE III.—ABERDEEN.—MORTALITY AT VARIOUS AGE PERIODS FROM VARIOUS CAUSES.

(Corrected for transferred deaths.)

AGE.	All Causes.	Infectious and Parasitic Diseases (excl. Tuberculosis).		Tuberculous Diseases.		Malignant Diseases.	Dis. of Nervous Syst. and Sense Organs.		Dis. of Circulatory System.	Respiratory Diseases.			Dis. of Digest. System (incl. Diarrhœa and Enteritis).	Dis. of Genito-Urinary System.	Dis. of Pregnancy and Child-birth.		Cong. Debility, Maliforms, and Prematurity.	Senility.	Violence.	Miscellaneous.
		Principal Epidemic.	Other Infections.	Respiratory.	Other Tuberculous.		Cereb. Hæm., etc.	Other Nervous.		Pneumonia.	Bronchitis.	Other Respiratory.			Puerperal Sepsis.	Other Diseases.				
A.—NUMBER OF DEATHS—YEAR 1948.																				
Under 1 year . . .	121	2	1	—	—	—	—	1	—	17	—	—	16	—	—	—	74	—	8	2
1-5 years . . .	14	2	—	—	1	2	—	1	—	—	—	—	3	—	—	—	—	—	4	1
5-15 ,, . . .	22	2	1	—	2	—	—	—	3	1	—	—	1	—	—	—	—	—	9	3
15-25 ,, . . .	30	—	—	12	1	—	1	—	2	—	—	—	2	4	—	—	—	—	7	1
25-35 ,, . . .	51	—	5	7	1	5	2	5	9	—	—	—	3	1	—	1	—	—	10	2
35-45 ,, . . .	109	1	1	13	1	14	8	5	18	—	—	3	13	8	—	3	—	—	15	6
45-55 ,, . . .	182	—	1	10	—	45	14	5	50	2	4	5	16	2	—	—	—	—	13	15
55-65 ,, . . .	323	1	3	11	2	78	36	5	110	9	12	6	16	10	—	—	—	1	6	17
65-75 ,, . . .	549	—	—	7	—	100	96	4	191	29	11	14	23	29	—	—	—	—	23	22
75+ ,, . . .	697	2	—	2	—	75	140	4	298	27	17	14	17	34	—	—	—	20	25	22
All Ages . . .	2098	10	12	62	8	319	297	30	681	85	44	42	110	88	—	4	74	21	120	91
B.—DEATH-RATE PER 100,000.																				
1948	1111	5	6	33	4	169	157	16	361	45	23	22	58	47	—	2	39	11	64	49
Average 1943-47 . .	1273	16	15	42	12	177	181	22	390	52	39	16	71	56	1	2	54	16	57	54